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ABSTRACT

This strategic plan begins by outlining the philosophy, mission, statutory basis, structure, programs, and resources of the Texas Commission for the Blind. The plan discusses the growing incidence of blindness in Texas and the need for training to keep individuals with blindness active and independent. The challenges faced by the Commission and ways to meet these challenges are described, including: (1) encouraging informed decision making by consumers through improved accessibility to a broader array of information; (2) making the maximum use of information received from consumers serving on the agency's twelve Regional Advisory Committees and the statewide Consumer Advisory Committee; (3) staying on the cutting edge of technology that saves and creates jobs and getting it into the hands of consumers as quickly as possible; (4) placing resources in local communities to move essential services as close to consumers as possible; (5) concentrating on building staff proficiency in elements essential to the development of the consumers' skills and confidence in their abilities; (6) reducing processes and procedures to the minimum while maintaining accountability and effectiveness; and (7) building an efficient information resource system to enhance service delivery, management information, and exchange of data between state agencies. (CR)

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TEXAS COMMISSION FOR THE BLIND

STRATEGIC PLAN 1999-2003

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Terrell I. Murphy, Executive Director

June 15, 1998

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Texas Commission For The Blind

TERRELL I. MURPHY
Executive Director

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Olivia Sandoval
Olivia Chavez Schonberger
Beverly A. Stiles
John M. Turner

June 15, 1998

The Honorable George W. Bush
Governor of Texas
State Capitol
Austin, Texas 78711

Dear Governor Bush:

The attached five-year Strategic Plan reflects the important role of the Texas Commission for the Blind in the State's vision of making Texas a state where our greatest resource -- people -- are free to achieve their highest potential. A similar vision 67 years ago by two Texas legislators led to the creation of the Commission.

Consumers, advocates, our staff, and the Commission's Board have contributed to this plan to build even stronger partnerships with Texans with visual disabilities to keep them working, return them to the work force, and allow them to live their lives with dignity.

Thank you for supporting the Commission's work and your leadership in assuring that Texans who are blind receive the full attention of State leaders.

Respectfully,

Terrell I. Murphy
Executive Director

An Equal Opportunity Employer

TEXAS COMMISSION FOR THE BLIND

Strategic Plan

for 1999-2003

BOARD MEMBER	DATES OF TERMS	HOMETOWN
C. Robert Keeney, Jr., Chairman	February 1, 2001	Houston
James L. Caldwell, Ph.D.	February 1, 2001	Austin
Carolyn M. Garrett	February 1, 1999	Houston
Frank Mullican	February 1, 2001	Lubbock
Don W. Oates	February 1, 2003	Nacogdoches
Olivia Sandoval	February 1, 1999	San Antonio
Olivia Chavez Schonberger	February 1, 1999	El Paso
Beverly A. Stiles	February 1, 2003	Freer
John M. Turner	February 1, 2003	Dallas

June 15, 1998

Signed: _____
Terrell I. Murphy, Executive Director

Approved: _____
C. Robert Keeney, Jr., Chairman

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INTRODUCTION

During the business of planning, resources are debated and redebated. People tend to become statistics and dollars and cents—a piece of the state pie. The Texas Commission for the Blind resolved years ago to never lose sight of the reason it exists and for whom plans are made during hectic and financially difficult times. Our staff delivers hope to one person at a time. Each has a name.

Michael's Growth Toward Independence

Michael lost his sight at age three to retinoblastoma, a malignant eye tumor. For a decade the Blind and Visually Impaired Children's Program staff has helped his family understand his eye condition, arrange medical services, and secure other benefits. To improve communication between Michael and his family, agency rehabilitation teachers taught family members braille, which they could use while playing games and reading storybooks. Michael's caseworker accompanied his parents to school meetings, informed them of their rights, and helped develop his educational plan, including his technology needs. Personal counseling helps Michael face adolescent, peer, and social issues. Now an active 13-year-old, Michael is involved in his own educational planning and participates in extracurricular activities in school, church, and boy scouts.

During SFY 97, the Commission's average cost per child served was $400.

Ms. Smith, A Vocational Rehabilitation Success

Ms. Smith contacted the agency in 1995 because, newly divorced, she needed to return to work to keep her home and support herself despite severe eye problems. Agency staff immediately arranged for medical treatment to stabilize her eye condition and provided adaptive aids for her home. After she completed the Computer and Clerical Training Program at Criss Cole Rehabilitation Center, career guidance instructors helped her find a job near her home. The employment assistance specialist worked with Ms. Smith's new employer to equip her work station with a closed-circuit television to enlarge printed material, a large print computer software, a larger monitor, and locator dots on her keyboard. Fourteen months after her initial contact with the agency, Ms. Smith returned to the workforce.

The total cost of services described in Ms. Smith's case usually ranges from $5,000 to $10,000, depending upon the necessary adaptive technology.

Mrs. Gonzales' Determination to Remain Independent

For Mrs. Gonzales, 74, macular degeneration, retinal problems, and diabetes made a nursing home appear inevitable. Fearful but determined, she contacted the Commission, which assigned her to an independent living worker. Soon she was monitoring and maintaining her own blood glucose levels. With magnifiers and braille, she read and marked her medications. Mrs. Gonzales learned adaptive cooking in her newly accessible kitchen and mastered money management techniques. The Commission found resources to assist with Medicare concerns. A large button memory telephone helps her maintain contact with family and friends, make appointments, and arrange transportation. Orientation and mobility training allows her to travel alone within her neighborhood, and she now has the confidence and skills to continue living at home. She knows she can recontact the Commission if she needs additional services.

The Commission spent $675 on services during Mrs. Gonzales' 10-month rehabilitation program. Throughout her program other resources (Medicare and private insurance) were used to the fullest extent possible.

The Commission's strategic plan for 1999 through 2003 represents the counsel from some 250 people like Michael's parents, Ms. Smith, and Mrs. Gonzales, who received services from the Commission and as a result are individually more productive and independent. Their recommendations set the course for changes and new directions for the next five years.

EXECUTIVE SUMMARY

This Strategic Plan represents the convictions of more than six hundred consumers, advocates, Commission employees, and board members—the most qualified people in Texas to build a solid foundation for the social and economic prosperity of Texans who are blind into the year 2003 and beyond.

Authority. The Texas Commission for the Blind's mandates are clear. The Commission is responsible for providing all services to Texans who are visually disabled except welfare services and services provided by educational agencies and authorities. Programs are based on eligibility rather than entitlement. Programs have expanded from home teaching in braille in 1933 to today's continuum of comprehensive services that change tax users into tax payers.

Need. The incidence of blindness in Texas is steadily increasing. There are an estimated 520,592 persons who are blind or severely visually impaired in Texas today. In the year 2003 the estimate rises to more than 561,359. Blindness leaves no aspect of a person's life untouched. At the onset of visual loss, people are often unaware that training can keep them active and independent. Employers are usually unaware of the training and technology that make jobs accessible for people with visual limitations. Without intervention and training, jobs are lost; potential jobs are overlooked; independence is needlessly sacrificed.

Services. The Commission cannot solve every problem associated with visual loss, but our programs have received national recognition in the field of rehabilitation. What we do, we do well, and we are committed to continuous improvement. Exposure to agency services and technology has revolutionized the way persons who are blind think about themselves and their employment potential.

The Commission's program for children with visual impairments is the only program of its kind in Texas. Services are helping children who are visually

impaired to reach their highest potential and easing the anxiety of parents who know nothing about blindness. Vocational rehabilitation services, wherein consumers are responsible for setting their own goals, are helping overcome the effects of visual loss on employability. The number of blind people entering remunerative employment has increased steadily under the agency's results-oriented system. Itinerant independent living case-workers, although inadequate in number to meet the need, are lowering the cost to the state and families of alternate and more expensive care by training people to care for themselves after losing vision.

Plans. Ongoing legislative reforms, reauthorization of the Rehabilitation Act, and state spending controls created a challenging environment for this plan. The experience shows the necessity of close partnerships among consumers, advocates, and the agency. Parents of children who are blind and people knowledgeable about blindness are calling for more intensive services and training for children that lead to independent living and employment. Adults who are blind are seeking training for jobs that pay more and that provide more secure futures for themselves and their families. To meet these challenges, the Commission is:

- encouraging informed decision-making by consumers through improved accessibility to a broader array of information,
- making the maximum use of information received from consumers serving on the agency's twelve Regional Advisory Committees and the statewide Consumer Advisory Committee,
- staying on the cutting edge of technology that saves and creates jobs and getting it into the hands of consumers as fast as possible;
- placing resources in local communities to move essential services as close to consumers as possible;
- concentrating on building staff proficiency in elements essential to the development of the consumers' skills and confidence in their abilities;

- reducing its processes and procedures to the minimum while maintaining accountability and effectiveness; and

- building an efficient information resource system to enhance service delivery, management information, and exchange of data between state agencies.

The agency's mission is fully compatible and supportive of the mission of state government. Agency strategies contribute to the state's priority goals in Health and Human Services and General Government.

STATEWIDE VISION, MISSION AND PHILOSOPHY

VISION

Together, we can make Texas a beacon state:

A state where our children receive an excellent education so they have the knowledge and skills for the next century;

A state where people feel safe in their communities and all people know the consequences of committing a crime are swift and sure;

A state where our laws encourage jobs and justice;

A state where each citizen accepts responsibility for his or her behavior; and

A state where our greatest resource—our people—are free to achieve their highest potential.

We envision a state where it continues to be true that what Texans can dream, Texans can do.

MISSION

The mission of Texas state government is to support and promote individual and community efforts to achieve and sustain social and economic prosperity for its citizens.

PHILOSOPHY

State government will be ethical, accountable, and dedicated to serving the citizens of Texas well.

State government will operate efficiently and spend the public's money wisely.

State government will be based on four core principles that will guide decision-making processes.

- ★ **Limited and Efficient Government.**
  Government cannot solve every problem or meet every need. State government should do a few things and do them well.

- ★ **Local Control**
  The best form of government is one that is closest to the people. State government should respect the right and ability of local communities to resolve issues that affect them. The state must avoid imposing unfunded mandates.

- ★ **Personal Responsibility**
  It is up to each individual, not government, to make responsible decisions about his or her life. Personal responsibility is the key to a just society. State employees, too, must be accountable for their actions.

- ★ **Support for Strong Families**
  The family is the backbone of society and, accordingly, state government must pursue policies that strengthen and nurture Texas families.

RELEVANT STATEWIDE GOALS AND BENCHMARKS

HEALTH AND HUMAN SERVICES

Priority Goal

To reduce dependence on public assistance through an efficient and effective system that promotes the health, responsibility, and self-sufficiency of individuals and families

Relevant Benchmarks

- ★ Percent of people with functional limitations successfully rehabilitated with improved economic self-sufficiency
- ★ Percent of people with disabilities living independently

GENERAL GOVERNMENT

Priority Goal

To support effective, efficient, and accountable state government operations

Relevant Benchmarks

- ★ State administrative cost rate as a percent of United States average
- ★ Ratio of federal dollars received to federal tax dollars paid

TEXAS COMMISSION FOR THE BLIND

Vision

A Texas where people who are blind or visually impaired have the same opportunities as other Texans to pursue full and productive lives; and which shall ensure that all Texans with disabilities have the opportunity and support necessary to work in individualized, competitive employment in the community and to have choices about their work and careers.

Mission

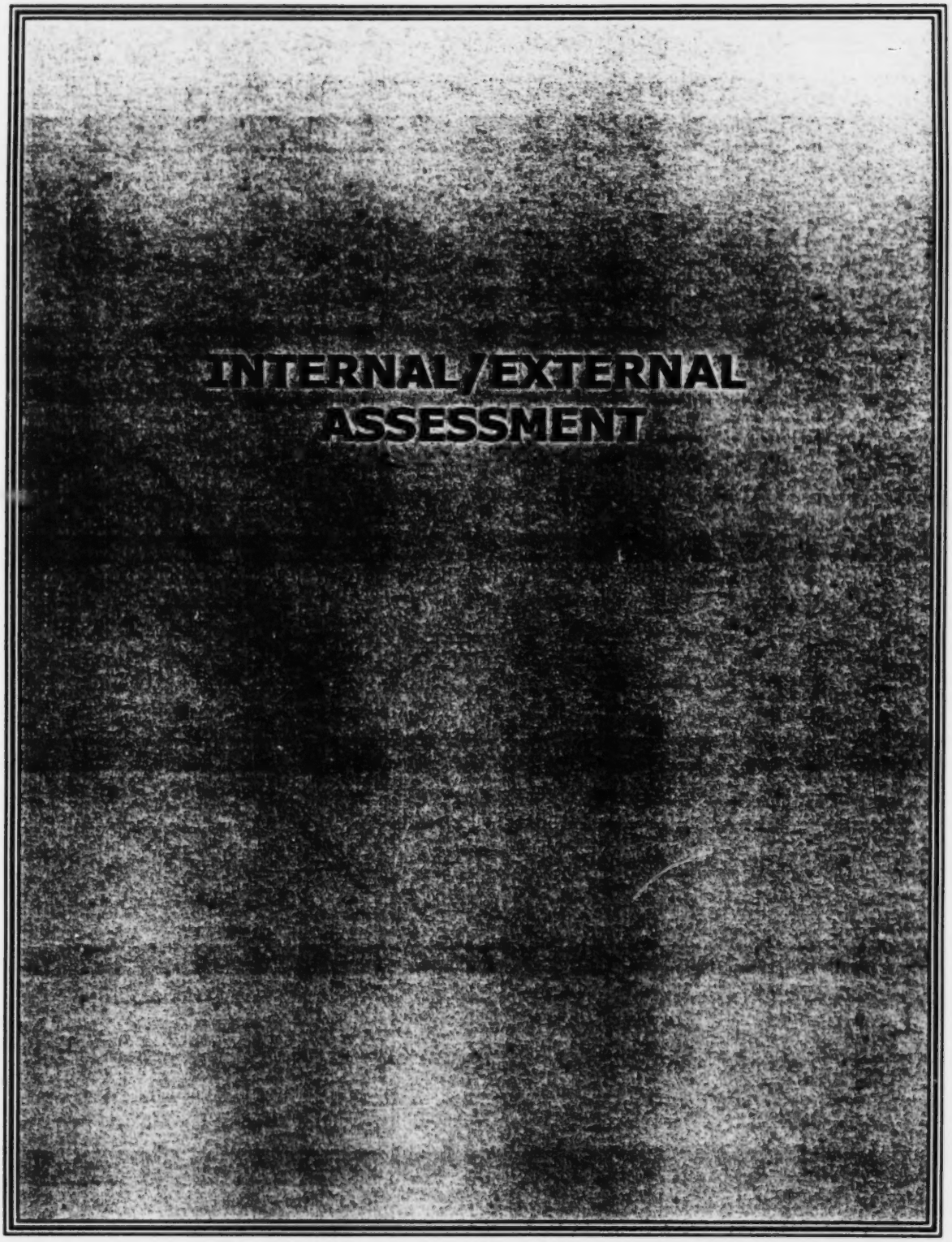
Work in partnership with Texans who are blind or visually impaired to reach their goals.

Philosophy

The Texas Commission for the Blind is committed to the principle that the Texans we assist have the right to make informed choices regarding where they live, where they work, how they participate in the community, and how they interact with others. We will conduct ourselves in a manner that will promote the independence and self-reliance of these Texans.

The Texas Commission for the Blind will strive to maintain a standard of professional ethics and conduct worthy of public trust and support.

We will maintain a dedication to excellence and will promote personal and professional growth.



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AGENCY PROFILE

Statutory Basis

State

The *Texas Human Resources Code, Title 5, Chapters 91 and 94*, designates the Commission as the responsible agency in Texas for:

- providing all services to visually disabled persons except welfare services and services provided by educational agencies and state authorities, and
- issuing licenses to persons who are blind to operate vending facilities on state property.

The *Texas Constitution, Article 16, §6(b)*, authorizes the agency to accept money from private or federal sources for:

- establishing and equipping facilities for assisting those who are blind in becoming gainfully employed,
- rehabilitation and restoration, and
- providing other services determined by the state agency to be essential for their better care and treatment.

Federal

The Commission is the federally-approved agency to administer the Texas state plan for rehabilitation services to persons who are blind or visually impaired. The Commission's Vocational Rehabilitation Program,

Independent Living Program, and Business Enterprises Program are administered according to 29 U.S.C., Chapter 16, §701, et seq. *(The Rehabilitation Act of 1973, as amended)* and 20 U.S.C., Chapter 6A, §107, et seq. *(The Randolph-Sheppard Act)*.

Historical Perspective

Created in 1931, the Texas Commission for the Blind has completed 66 years of service. Programs have expanded from home teaching in braille and handicraft to highly sophisticated services for children and adults in vocational rehabilitation, independent living, and technology. Major milestones in the agency's history of services include:

1933 The Commission received its first appropriation for home teachers.

1936 The Commission was designated the State Licensing Agency under the Randolph-Sheppard Act and received authority to administer the Business Enterprise Program in Texas.

1938 The first Business Enterprises Program vending stand was opened at the Amarillo Post Office.

1943 Appropriation was made for sight conservation and prevention of blindness in children.

1945 The Texas Legislature established the Vocational Rehabilitation division within the Commission, which ensured federal participation in state services.

1965 The Texas Legislature designated the Commission as the single state authority for the provision of all services to visually disabled persons except welfare and education.

1971 The agency's comprehensive rehabilitation training facility, Criss Cole Rehabilitation Center, opened.

1973 The U. S. Congress passed sweeping amendments to the Rehabilitation Act that changed the course of vocational rehabilitation programs across the country. The amendments required agencies to create an individualized written rehabilitation program for every service recipient.

1976 The first statewide Consumer Advisory Committee was formed to involve consumers in the development of service improvements.

The Commission received one of five initial national grants to demonstrate models for enhancing independent living services for people with disabilities.

1979 To improve communications between the Commission and the consumers it serves, a toll-free line was installed to give consumers direct access to the agency's central office for requesting information, providing suggestions to the agency, and expressing concerns about their own services.

1982 Annual consumer forums were initiated across the state.

The agency purchased an automated braille system.

1986 The Commission competed for and received a federal grant to provide independent living services to older Texans with visual disabilities.

1990 The Commission began a Transition Program for blind and visually impaired secondary students to bridge the gap between children's services and adult services.

The agency converted to a high speed, state of the art brailling system capable of two-sided embossing to increase speed, capacity, and efficiency.

1992 House Bill 7 placed the Commission and other health and human service agencies under the coordinating umbrella of the Health and Human Services Commission.

Congressional amendments to the Rehabilitation Act gave individuals with disabilities greater influence on state plans, state vocational rehabilitation policies, and their individualized written rehabilitation programs. Amendments provided a 60-day time limit for making eligibility determinations and required states to develop a strategic plan.

1994 The Commission moved all planning activities closer to the consumer.

The Commission reorganized, which reduced layers of managers.

Automated brailling capability was added in all district offices.

1997 The Commission formed consumer-dominated Regional Advisory Committees. Chairs of these committees and at- large members now make up the agency's statewide Consumer Advisory Committee.

1998 The Commission introduced the *Texas Confidence Builders* initiative, an innovative, statewide approach for building consumer independence, competence, and self-confidence.

Management Philosophy

The agency hires, retains, and promotes employees who perform their jobs in a manner that supports the Commission's mission and reflects dedication to excellence. Proactive managers continually strive to:

- Create an environment that provides each staff member with clear expectations and responsibilities, resources to accomplish goals, and rewards for excellent performance.
- Foster a climate that allows the expression of all points of view.
- Build teamwork and mutual respect among employees, consumers, and the general public.
- Enhance the employees' awareness of and sensitivity to the fact that each Texan who is blind or visually impaired is unique and has distinct abilities as well as needs.
- Apply personnel policies in a consistent and fair manner.
- Conduct all activities without discriminating against any person on the basis of age, sex, race, creed, color, religion, disability, or national origin.

In concert with the policy of Congress expressed in the 1992 amendments to the Rehabilitation Act and the Commission's own policies, managers have renewed their efforts to create a working environment in which every employee has respect for the consumer's right to individual dignity, personal responsibility, and self-determination. Policy actions have moved consumers into the initial phases of program decision-making, and service procedures have been rewritten to emphasize informed consumer choice.

Administrators have made an equal commitment to provide staff with the information they need to work efficiently and to provide opportunities for their involvement in agency decisions.

Goal-Directed Management

Results- or outcome-oriented management has been characteristic of the Commission's business approach to service delivery since 1976. Key components of the management system are:

Clear job descriptions. Each job description contains the agency's goals, the department, the supervising position of the job, the main functions of the position, educational and experiential minimums, and the abilities and knowledge required to perform the job duties.

Goal negotiation. A face-to-face goal setting process is required between the employee and the supervisor at the start of each fiscal year. Goals must be measurable and outcome (results) oriented.

Regular review of progress. Periodic face-to-face progress meetings are required to review progress toward goals. Goals can be renegotiated if the main variables that formed the basis for the goals change.

Year-end evaluation. A year-end face-to-face meeting is required to compare actual performance with established goals.

Rewards based on results. All rewards are based on achieved outcomes relative to established goals.

In 1979, the first full year under the system, performance records were set. The system was redesigned in 1983 to add problem solving, innovative, and personal growth goals to the major outcome/results goals. A second update was completed in 1997. The revised system strengthens the relationship between job performance and performance evaluation.

The number of blind people entering remunerative employment has increased steadily and dramatically under the results-oriented system. In 1997, the Commission achieved 111% of its goal of competitive employment for Texans who are blind. The Commission continues to fine-tune this successful system to better meet changing performance demands.

Work Force*

		Male				Female			
	T	W	B	H	O	W	B	H	O
Officials/ Administrators	30	10		3		15	1	1	
Professionals	294	75	8	25	1	132	15	36	2
Technicians	11	7			2	1		1	
Para-Professionals	59	4	2	2		34	9	8	
Administrative Support	148	3	2	4		78	20	39	2
Skilled Craft	4	3		1					
Service/ Maintenance	13	4	2			1	5	1	
Total	559	106	14	35	3	261	50	86	4

**Source: Full-time employees only as reported by Human Resources Information System (EEO-4).* T=Total; W=White; B=Black; H=Hispanic; O=Other.

Continuous efforts are made to ensure that the Commission's staff reflects the State's population. Special attention is given to the employment and advancement of people who are blind or visually impaired.

Human Resources

Strengths

Experiential Knowledge. Five of the Commission's nine board members are blind and one is severely visually impaired, which assures that policies and rules reflect a full understanding of their potential impact on the agency's service population. As an employer itself, the Commission is kept particularly sensitive to issues faced by the service population as a result of the work experiences of approximately 75 agency employees who are themselves blind or visually impaired. This close relationship aids the Commission in creating a practical, "real-world" approach to consumer services.

Experience. Seven of the top eight agency executives average 21 years with the Texas Commission for the Blind; the eighth has a total of 18 years in state government. Thirty percent of the agency's work force has been with the Commission for more than 10 years.

Specialized Knowledge. The Rehabilitation Act requires the Commission's staff to be qualified and dedicated full time to the rehabilitation of its target population. Specific training and knowledge about the disabling condition of blindness and how blindness affects lives are critical to the success of consumer rehabilitation. Decades of experience have gone into the development of comprehensive Commission training programs. Professionals with an average of 16 years with the Commission lead service staff and specialists through intensive training in the aspects of ameliorating the effects of blindness. The agency's training resources are also sought by other state rehabilitation agencies, Texas Lighthouses for the Blind, and independent living centers.

Weaknesses

Balanced Workloads. The widening spectrum of state interagency coordination activities, together with related procedural changes, has added new responsibilities in some areas. Rebalancing these additional responsibilities is in process.

Qualified Applicants. Applicant shortages exist for several positions critical to the Commission, particularly in the larger metropolitan regions. Several of these positions are:

- Orientation and mobility specialists and other professionals experienced with blindness and visual impairments
- Information resource personnel, such as programmers, network specialists, and systems analysts
- Occupational therapists, nurses, and psychologists
- Residential managers, rehabilitation assistants (support staff)

Technical Support. Technical support for the Commission's PC-based client/server environment is overextended in providing full statewide coverage. The agency has reengineered existing field support positions and is conducting intensive and ongoing training in order to operate its wide area network (WAN) effectively.

Limited FTE's. FTE caps are limiting the Commission's ability to utilize personnel in the most efficient and effective manner.

Turnover. The Commission has experienced turnover in 1997 and 1998 in some administrative functions. New employees in the units most affected, such as information resources, accounting, and budget, are receiving intensive training to reach full productivity as soon as possible.

Employee Attitudes

Method of Collection. Staff of the Texas Commission for the Blind participated in two statewide surveys: the 1998-99 Survey of Organizational Excellence (SOE) and a 1997 statewide survey created specifically by and for Commission staff as a follow-up to one conducted by the Commission in 1995.

Overall Performance on SOE. The scores achieved by the Commission on all SOE constructs were higher in 1998-99 than in 1994-95. The rate of improvement ranged from a low of 3.2% (strategic orientation) to a high of 9.56% (internal communication). Benchmark data provided by the UT School of Social Work indicate that the Commission's performance on the SOE improved. Scores were superior to statewide scores, scores from other agencies of similar size, and were higher than the average scores of all HHSC agencies.

Areas Viewed as Having High Quality. SOE survey results indicated that staff felt positive about the Commission's orientation to customer service, public interaction, and high quality work with low rates of error. Staff responded that services are developed to meet customer needs and that the agency is constantly improving its services.

Responses to questions about state benefits showed that state employees appreciate and value their benefit packages. Specific questions about Commission internal issues showed positive results. Respondents to the survey clearly recognized the agency's efforts in the areas of technology and manuals. Positive responses to these issues increased by 47% and 28% respectively. In technology, staff emphasis shifted from the lack of technology, especially computers, to the need for support and training in the use of software. The effort to produce up-to-date manuals that are available and accessible to all employees was acknowledged. These results demonstrate that employees recognize efforts that are tangible, such as computers on their desks and new manuals on their shelves.

Areas Viewed as Needing Improvement. The lowest scores on the SOE fell into the constructs of supervisor effectiveness, fairness, and empowerment. It should be noted, however, that all of these constructs showed marked improvement over the 1994-95 SOE and are all considerably higher than the state average. All of the SOE constructs and a comparison between Texas Commission for the Blind scores and statewide averages are included in the appendices under the title of "1998-99 Survey of Organizational Excellence."

The agency will use these survey results to engage staff and management in dialogue. This dialogue will take the form of regional focus groups, agency newsletters, agency managers' meetings, etc. The Commission will use these opportunities to explore ways to continue our improvement in all facets of customer service and employee empowerment. The University of Texas School of Social Work has offered the services of an independent facilitator who is knowledgeable of the SOE to assist the agency in conducting regional focus groups. The regional focus groups will be scheduled for SFY 1999.

Recent Reengineering Activities

1997 Consumer-dominated Regional Advisory Committees were established to involve more local consumers in the agency's local and statewide planning and policy development activities.

1998 The Criss Cole Rehabilitation Center reorganized staff to better align resources and meet consumer needs. Ongoing involvement from consumer groups resulted in a reemphasis of a core curricula that includes the basic skills of braille, orientation and mobility, and daily living.

Offices

The Commission's administrative offices, rehabilitation center, and warehouse are in Austin. Direct service personnel operate out of offices in Abilene, Amarillo, **Austin** (two locations), Beaumont, Bryan-College Station, **Corpus Christi**, **Dallas** (two locations), **El Paso**, **Fort Worth**, Galveston, **Harlingen, Houston,** Laredo, **Lubbock,** Lufkin, Odessa, **Pasadena**, Pharr, San Angelo, **San Antonio**, Texarkana, **Tyler,** Victoria, **Waco,** and Wichita Falls. The Commission also houses service personnel at The University of Houston, The University of Texas at Austin, and Texas Tech University in Lubbock. The state is separated into twelve regions. Regional headquarters are indicated in **bold**.

A map showing regional boundaries is included in the appendices.

Response to growth trends. Because of population growth, the Commission's Austin, Harlingen (Pharr), and Dallas offices are split into two locations to effectively meet service demands. The Commission is studying ways to serve the increasing population with a static number of FTE's. Resources do not exist to add offices or needed personnel in Fort Worth, Houston, and San Antonio, which are additional areas of major growth.

Location Issues

Office location has a much greater impact on the Commission's service population than the service populations of most other state agencies. Locating and co-locating require extensive research and considerable cooperation from the General Services Commission to ensure the safety of persons who are blind or severely visually impaired traveling to and from Commission offices. This will be even more important as the effects of staff travel reductions limit our ability to provide many services to consumers in their homes or places of business.

- ✓ Sites must be located on or near a major thoroughfare.
- ✓ Sites must provide a protected and safe route with easy access for the visually disabled arriving via private automobile, taxi, bus, or walking with or without a white cane or guide dog.
- ✓ Routes must meet Texas Accessibility Standards and Americans With Disabilities Accessibility Guidelines.
- ✓ Sites must be located where automobile and pedestrian traffic is sufficiently controlled so as not to present personal safety problems to persons who are visually impaired.
- ✓ Streets in the surrounding area must intersect at or near 90 degree angles with sidewalk approaches that are free from obstacles.
- ✓ Public bus transportation must be available within 450 feet of the entrance to the facility site, and there must be an accessible route. The route must be covered with a hard surface material.

Co-location. The Commission co-locates with at least one other health and human service agency in fifteen of our twenty-seven district offices. Three new agency co-locations are anticipated in 1998 and two in 1999. Four leases expire in 1998; two in 1999; five in 2000; and one in 2001. One location expiring during this time period is co-located. The Commission has committed itself to co-locating offices throughout the state whenever the location is accessible and conducive to efficient and convenient use by consumers and staff.

PROGRAM PROFILES

Target Population

Texas Children With Visual Impairments

A visual impairment is an injury, disease, or other disorder that materially reduces, or if not treated will probably result in materially reducing, visual functioning.

Texas Adults Who Are Blind

A person is blind if the person's visual acuity with best correction is 20/200 or less in the better eye, or the person has a visual field of no greater than 20 degrees in the better eye.

Texas Adults Who Are Severely Visually Impaired

A person is severely visually impaired if the person's visual acuity in one eye meets the definition of blind and the best corrected visual acuity in the other eye is between 20/70 and 20/200, or the person's best corrected visual acuity in both eyes is between 20/70 and 20/200.

Target Population Size and Growth

Three major factors strongly influence the expected growth in the Commission's target population: an expected 12.9% growth in the total population during the planning period, the aging of the Texas population,[1] and the relationship between membership in certain ethnic groups and conditions which may cause blindness, such as diabetes. High incidences of poverty and lack of insurance in areas across the state complicate the provision of services by heightening the demand for vision-saving medical care.

Estimates of Texans who are Blind. Each biennium the Commission establishes estimates of blindness and visual impairment in Texas. These estimates have been based on the best available data. Our previous source for rates was the March 1993 issue of the *Journal of Visual Impairment and Blindness,* which were based on the 1977 Health Interview Survey (HIS) by the National Center for Health Statistics for people under 45 and the Supplement on Aging (SOA) to the 1984 HIS. Through research of the literature, we became aware of current data which had been collected specifically to investigate disability issues.

This finding led to a discussion with Dr. Murdock, Chief Demographer with the Texas State Data Center, who assisted the Commission in developing prevalence rates for blindness and severe visual impairment from the *National Health Interview Survey – Disability Phase 1, 1994.* Rates from this survey were determined by age and ethnicity for ages 13 and older. Because the children's program provides services to children with other than severe visual impairments, other sources of data that reflect less severe visual impairments were sought. Prevalence rates of visual impairment for the children's program (ages 0 to 12) are based on work by the Bureau of Census and published in *Americans with Disabilities: 1994-*

[1]Health and Human Services Commission: *Planning Factors for HHS Enterprise Strategic Plan (1999-2004).*

1995. The table below reports estimates based on these two mentioned publications.

Estimates of Blindness and Visual Impairment in Texas					
Age	1999	2000	2001	2002	2003
0 - 12	51,980	52,639	53,299	53,969	54,551
13 - 64	263,353	268,931	274,644	280,555	286,399
65+	205,259	209,345	213,222	216,656	220,409
TOTAL	**520,592**	**530,915**	**541,165**	**551,180**	**561,359**

Growth Due to an Aging Population. The incidence of severe visual impairment increases with advancing age, particularly macular degeneration. Approximately 48% of the increase in Texas' general population over the last ten years has been in the over-45 age group.[2] The percentage of Texans over 65 during this planning period is expected to increase by 11.1%.[3] With this rapid increase in the percentage of older Texans, Texas can expect a major and constant increase in the number of people who will experience serious visual impairments.

The Changing Ethnic Makeup of the Texas Population. The most significant single demographic factor affecting the Commission's service population into the next century is the expected growth in the Hispanic population. Statistics produced by the Health and Human Services Commission[4] indicate the following:

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[2]Legislative Budget Board: *Fiscal Size-Up, 1998-1999 Biennium,* "Texas State Services."

[3]Health and Human Services Commission: *Planning Factors for HHS Enterprise Strategic Plan (1999-2004).*

[4]Ibid.

- The total Hispanic population is expected to grow by 27.6%; African-Americans, by 10.3%; and Anglos, by 4.1%.

- Among Texans 65 and older, Hispanics are expected to grow at a 29.4% rate, African-Americans, at 6%; and Anglos, at 5.9%.

- The overall rate of newborns in Texas is expected to increase by 3.6%. Among Hispanics the rate of growth is expected to increase by 13.8%; African-Americans, by .3%; and Anglos, a decrease of 6.9%.

Growth Due to Diabetes. Diabetes is a leading cause of blindness in the adult population. This factor has a particular impact on Hispanics and African-Americans and potential service needs.

- The prevalence rate for diabetes among minority groups is from 40% to 72% higher than in the general population.[5] These groups are growing two to seven times faster than the Anglo population.[6]

- In some portions of the state the prevalence of diabetes has reached alarming proportions. According to the "Rio Grande Valley Diabetes Registry Statistical Report," Cameron and Willacy Counties have a calculated prevalence rate of 23% and 26% respectively, while the prevalence rate for Starr County was a staggering 39.2%. Overall, the Rio Grande Valley has a combined prevalence rate of 21.4%. This rate is approximately three times greater than the state rate.

The population comparison tables included in the appendices indicate that the population served by the Texas Commission for the Blind is basically representative of the Texas population, with two exceptions.

- The Commission serves higher proportions of people who are Hispanic and African-American than found in the general population.

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[5]Comptroller's Office: *Fiscal Notes*, October 1996.

[6]See note 3.

- There is an interactive effect between age and gender. The Commission serves a higher percentage of females than males. This is especially true in the 65 and older age group. In this group, the Commission serves twice as many females as males.

The Effects of Poverty and Lack of Health Insurance. Possessing the economic ability to meet the medical needs for one's family and self is of primary concern to most Texans. The ability to do this is affected by earnings and the presence of health insurance. According to information published by the Texas Department of Human Services[7]:

- Slightly greater than 18% of Texans live at or below the poverty line. However, there are regions of the state where the rate of poverty is much higher. For example, the population of the Texas counties that border Mexico is twice (36%) as likely to have people living below the poverty line than in the rest of the state. Starr, Zavala, Dimmitt, and Maverick Counties all have poverty rates of greater than 50%.

- One in four Texans does not have health insurance.

A person who is at or below the poverty line is twice as likely to be without health insurance than persons above the poverty line. The interactive effect of living at or below the poverty line and being without health insurance is obvious. What may not be so obvious is the increased need and the resulting impact these effects have upon those state agencies that provide services, especially medical services, in high poverty/low health insurance regions of the state. One example of this is the high incidence of diabetes in this same border region area. In this region the rate of diabetes is three times greater than the state average.

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[7]Texas Department of Human Services: *Profile of the Texas Population Without Health Insurance During 1995*, June 1997; *Estimates of the Texas Poverty Population in 1996 by County*, April 1997.

The exact total of medical costs related to diabetes in this region is not known. In 1992, however, the statewide medical cost related to diabetes was estimated to be $1.6 billion.[8] The Comptroller listed select state programs and their contribution to this cost. These data show that the state agency portion of that cost was $18.3 million, with the Texas Commission for the Blind accounting for $9.1 million, or 50% of that amount.

[8]Texas Comptroller's Office: *Fiscal Notes*, October 1996.

Service System

In a society designed by sighted people for sighted people, natural barriers are inadvertently created for people who are without sight. To overcome these barriers a person who is blind or severely visually impaired must have specialized adaptive skills and a high level of personal confidence. An extensive continuum of services and intensive work by the consumer and Commission staff are the keys to a consumer's successfully acquiring these skills and bolstering personal confidence.

No person's rehabilitation plan is the same as another's. Services must be matched to the consumer's choices, skills, aptitudes, and capabilities to assure better success. Services and direct service staff are described in detail in the appendices. The following is a brief description of agency programs.

The **Blind and Visually Impaired Children's Program (BVICP)** is the only program in Texas that provides habilitative services to children with serious visual losses and their families. The program places special emphasis on children who are permanently and severely visually impaired. Services also include preserving and restoring vision in children with less severe visual impairments. The program reduces the impact of vision impairment on the child's social, emotional, physical, educational, and vocational development by early intervention. If a solid foundation is in place when a young adult is ready to enter the work world, fewer vocational rehabilitation resources and specialized services will be needed. Chances of career advancement also increase dramatically because of well-established primary skills.

Transition Program services are vocational rehabilitation activities for young people ages 13 to 20 referred from the children's program. Transition services focus on vocational awareness, career planning, coordination with academic counselors, and vocational rehabilitation services specific to the needs of this younger age group.

The **Vocational Rehabilitation Program** provides eligible adults with the wide range of skills, goods, and services they need to enter employment, keep their jobs, or return to the work force after losing their vision. Adaptive technology, orientation and mobility training, personal and home care training, job retention services, vocational training, and intermediary assistance with existing and potential employers are only a few of the many requisite services needed to remove employment and social barriers faced by Texans who are blind.

Vocational training and opportunities for careers in the food industry are provided to blind consumers through the **Business Enterprises Program**, which is administered according to the Randolph-Sheppard Act.

The **Independent Living Program** provides specialized services to eligible adults, predominately older and no longer working, whose abilities to live independently are at risk because of visual loss. Focus is on improving the consumer's ability to function or continue functioning independently, which reduces the need for alternative and dependent care such as nursing homes and in-home care givers. Beyond specific skills training, consumers often need assistance in finding and accessing local resources for a variety of issues.

Criss Cole Rehabilitation Center, the agency's 24-hour-per-day residential rehabilitation facility, provides intensive services to persons who need more specialized training in basic skills and special adaptations to live and work independently. The only center of its kind in Texas, CCRC provides individualized vocational training, career guidance, computer and adaptive technology training, college preparatory classes, braille and communication classes, home and personal management instruction, health management, and white cane travel. Referrals come from district offices across the state.

Approximately 80% of the consumers served annually at the center have secondary disabilities such as deafness, diabetes, brain injury, mental illness, or substance abuse. Upon completion of training, consumers use their new skills to return to their communities and move on to employment, college, or other vocational training commensurate with their goals.

Service Quality

Commission programs extend to all ages.

Children's Services. The children's program is unique in providing comprehensive services and has distinguished itself nationally. The agency served 420 more children in 1997 than in 1996, and more children whose visual impairments were permanent and severe completed their services during the 1997 fiscal year than in any previous year of the program. The quality of children's services is most evident when assessing the diversity of special projects, seminars, and workshops coordinated for and attended by more than 2,500 children and families. In fiscal year 1997:

- 10 offices facilitated support groups for children and families.
- 15 local seminars were held to increase a family's awareness and skills in areas unique to the needs of having a child with a visual impairment. 12 of these were collaborative projects with other state and local resources.
- 6 conferences were held in several cities for students, family members, and professionals and included topics such as skills needed for employment, supported employment, and supported living options. A total of 727 participants attended.
- 32 special events were held in various cities, most of which focused on social skills development and independent living.
- 10 camps were conducted to increase students' self esteem, confidence, social skills, and independent living skills.
- 5 vision clinics, in addition to established vision screening programs, were held to provide eye medical services.
- 22 "world of work" activities were held that increased awareness and skills that lead to employment.
- 3 special seven-week summer work programs provided paid work experience to students in Austin, Tyler, and Lubbock.
- 244 transition consumers were provided with paid work experience.

Employment Service Programs (Vocational Rehabilitation Program, Transition Program, and Business Enterprises Program). The Commission's employment services are also nationally recognized for quality, especially in specialized services such as employment assistance, rehabilitation engineering, and assistive technology training. The agency is the only resource in Texas for statewide, individualized, in-home instruction by rehabilitation teachers. Outreach programs to populations with special needs (diabetes, deaf-blind, supported employment) have been developed on a statewide basis.

The number of blind or severely visually impaired consumers served by the Vocational Rehabilitation Program who were successfully closed into jobs paying weekly wages above minimum wage reached an all-time high in fiscal year 1997. A record was also set in the average weekly earnings in this category.

The Transition Program exceeded its goals in all program measures. The excellence of service quality for the young Texans served by this program was evident in each of the record number of local workshops and projects held by local transition workers during the year.

The Business Enterprises Program (BEP) provides food service and vending facility management opportunities for blind and visually impaired Texans. The program currently operates 114 facilities in Texas, including 2 military food service contracts. Licensed manager earnings have grown from a statewide average of $31,929 in 1995 to $39,429 in 1997, an increase of 23.5%. The BEP offers quality training and employment opportunities that result in excellent earnings for blind Texans with entrepreneurial spirit and drive.

Independent Living Services. Itinerant independent living caseworkers, although inadequate in number to meet the need, are reaching consumers in their residences with specialized skills training to preserve and enhance their independence. Caseworkers served a record number of consumers in fiscal year 1997. To serve more consumers and improve the quality of

services, the Commission has expanded its use of contract services and vocational rehabilitation teachers in underserved areas.

The Commission dedicates specialty resource staff to populations with special needs, such as people with diabetes, people who are deaf-blind, and people who would benefit from supported employment. Special attention is given to expanding available services and the quality of services.

The *1997 Rehabilitation Services Administration's Monitoring and Technical Assistance Report* congratulated the Commission on its efforts to streamline the Vocational Rehabilitation process and expedite the delivery of services to consumers. Compliance was noted in all review sections, with exemplary practices cited in reference to informed choice. The National Cumulative Data Tables indicated that during FY 1995 the Texas Commission for the Blind ranked in the top ten Blind agencies in the country in terms of: (1) Rehabilitation Rate (with a total of 2,541 "Status 26" Closures); and, (2) Average Cost of Case Services for all "Status 26" Closures.

As summarized in the Legislative Budget Board's *Fiscal Year 1997 Performance Assessment*, the agency's explanations of performance variance were inadequate. 78% of the Commission's established performance targets were attained or exceeded (within 5% of the targets) in fiscal year 1997. This percentage is up from 66% in 1995. The Commission attained targets for all outcome measures.

Interagency Coordination

Services and activities of the Commission are coordinated with those of other state agencies to derive the maximum benefit for consumers with multiple needs and to avoid duplication of efforts and resources. Cooperative agreements currently exist with other health and human service agencies, the Texas Education Agency, the Texas Department of

Criminal Justice, Texas Youth Commission, Texas Juvenile Probation Commission, Texas Interagency Council on Early Childhood Intervention, and the Texas Department of Protective and Regulatory Services.

Health and Human Service Commission (HHSC) Coordinated State Strategic Plan. HHSC refers to the coordinated state strategic plan as the Enterprise Strategic Plan (ESP), and the Texas Commission for the Blind participates in its creation. Appendix 9 shows the links between the Commission's strategic plan and the ESP.

Return On Investment

The state-federal partnership to maximize the potential of people who are blind or visually impaired has demonstrated that it returns more dollars to the treasury for every dollar expended. Services are goal-oriented rather than welfare-oriented. Services develop the potential of the person and help him or her overcome the effects of visual loss. People who were unemployed or underemployed have been trained and are working, moving from tax users to tax payers. People at risk of prematurely entering the higher-cost world of assisted living or nursing care are remaining independent because of simpler, lower-cost solutions. The consumer benefits from increased earnings, greater self-reliance, and social involvement.

Principal Consumer and External Advisors

Consumer Advisory Committee (CAC). The agency appoints a statewide Consumer Advisory Committee to serve in a consultative role to the agency. The committee makes recommendations to the Executive Director about program development and implementation of policies and programs, brings local issues pertaining to the programs to the attention of the agency, and meets annually with the Commission's board. To assure that

the Consumer Advisory Committee represents the views of a wide group of consumers in program innovation, the committee is comprised of the chairperson of each of twelve Regional Advisory Committees. Additional persons are appointed to the CAC as necessary to ensure representation of Texas organizations of and for the blind and to ensure diversity of race, gender, age, and other factors to adequately reflect the agency's target population. Members serve two-year staggered terms.

Elected Committee of Managers. The Elected Committee of Managers has several functions: (1) actively participates with the agency in major administrative decisions and policy and program development decisions affecting the overall administration of the state's vending facility program; (2) receives and transmits to the agency grievances at the request of blind vendors; (3) serves as advocates for such vendors in connection with such grievances; (4) actively participates with the agency in the development and administration of a state system for the transfer and promotion of blind vendors; (5) actively participates with the agency in the development of training and retraining programs for blind vendors; and (6) sponsors, with the assistance of the agency, meetings and instructional conferences for blind vendors within the state. Members are elected by licensed managers in the program.

Consumer, Professional, and Service Organizations. The Commission draws on an array of external organizations as valuable resources in both the planning and provision of services, some of which follow:

★ Alliance of and for Visually Impaired Texans
★ American Council of the Blind
★ American Foundation for the Blind
★ Area Agencies on Aging
★ Association for the Education and Rehabilitation of the Blind and Visually Impaired
★ Blinded Veterans Association
★ Centers for Independent Living
★ Coalition of Texans with Disabilities

★ Council of State Administrators of Vocational Rehabilitation
★ Deaf-Blind Multihandicapped Association of Texas
★ Disability Policy Consortium
★ Dog Guide Training Schools
★ Helen Keller National Center
★ Knights Templar
★ Lighthouse Industries for the Blind of Texas
★ Lions Clubs of Texas
★ Local Lighthouses for the Blind
★ Low Vision Support Groups
★ National Alliance of Blind Students
★ National Association for Parents of the Visually Impaired
★ National Council of State Agencies for the Blind
★ National Federation of the Blind, Texas Chapter
★ Pearle Vision
★ Randolph Sheppard Vendors of Texas
★ Recordings for the Blind and Dyslexic
★ Texas Association of Retinitis Pigmentosa
★ Texas Federation of the Blind
★ Texas School for the Blind and Visually Impaired

Statewide Independent Living Council. The Statewide Independent Living Council jointly develops and submits, in conjunction with the Texas Commission for the Blind and the Texas Rehabilitation Commission, Texas' State Plan for Independent Living Services as required by federal law.

Adaptive Technology Community. The Commission and consumers benefit from longstanding relationships with private enterprises which have invested in research and development of products that assist persons who are visually impaired. These products—large print devices, tactile marking devices, voice synthesized assistive devices for diabetics, and complex computer systems—have included advances in adaptive equipment that enable consumers to advance in technologically sophisticated careers.

Capital Assets

The Commission's capital assets consist primarily of automated equipment, including a mainframe computer, personal computers and peripherals, and two buildings.

FY 1997 Financial Report

Land	$ 103,021
Buildings	4,464,896
Furniture & Equipment	10,589,462
Vehicles	425,041
Total	$15,582,420

Automation System. The Commission operates with an architecture that includes an enterprise server and a wide area network which link agency staff to agency data and the Internet. The enterprise server's open architecture allows for connectivity to a proprietary data communications network of approximately 40 terminals using nine leased lines and through the agency's Transfer Communications Protocol and Internet Protocol (TCP/IP) network to connect 60 workstations using emulation. The Commission's applications allow for remote entry and inquiry of consumer information.

The agency's wide area network (WAN) via Capitol Area Network (CAPNET) provides connectivity to Uniform Statewide Accounting System (USAS) for processing agency purchase vouchers, Uniform Statewide Personnel System (USPS) for processing agency payroll and personnel information, Human Resources Information System (HRIS) for employee benefits, Automated Budget Entry System (ABEST) for entry of agency budget and performance measures, Internet access for research, and General Services Commission (GSC) for purchasing inquiry. The agency's

databases for consumer services and accounting transactions use a fourth generation language.

Approximately 500 personal computers are located throughout the agency. These computers have been connected to the WAN, which provides employees with the benefits of remote networking, including electronic mail.

Capital Improvements

Information Resources. The Commission has begun an aggressive program to update the agency's automation system to enhance the efficiency of service delivery and management information. This program has integrated the enterprise server and personal computer applications in all agency offices through the implementation of a wide area network. These developments allow the more rapid distribution of information and allow us to exchange data with other human service agencies--both state and federal. Improved service delivery is a direct result of the program.

The Commission is moving from a proprietary network environment to an open system architecture in accordance with the Department of Information Resource State Plan. This architecture will provide an integrated system of service delivery options that will increase the productivity of Commission staff. Improving staff productivity will have a direct and positive effect on service delivery to consumers.

The focus of the last three years has been to migrate from stand-alone PC's to networked workstations for all agency locations. This task provides server-based word processing, spread sheet, and electronic mail software and is the first step in replacing the proprietary terminal network. The move requires the building of a support function for the workstation software and hardware. This new unit consists of 6 FTE's. The positions were transferred from other Commission divisions.

The Texas Health and Human Services Consolidated Network (HHSCN) is a telecommunications cooperative governed by a board of its constituents. Network participants work together through workgroups and share a common vision to provide high-quality services. This wide area network is shared by health and human service agencies and other entities that serve the people of Texas. The HHSCN supports TCP/IP, Novell IPX/SPX on local area networks, encapsulation of other protocols, Ethernet, Token Ring, and Fiber. The agency has contracted with HHSCN for wide area network services and support.

The Integrated Database Network (IDBN) is being used by state health and human service agencies. HHS agencies are supporting the cost of maintaining the network as it was not funded in the last legislature. Agencies are being allowed to add consumer information to this database. The Commission will place consumer information in a compatible format and review benefits of adding information to this system in the future.

Criss Cole Rehabilitation Center (CCRC). CCRC is the Commission's most significant capital asset. Center activities are housed in a 27-year-old, 93,000-square-footbuilding owned by the agency. During the planning period several major improvements to the Center will be needed.

Year	Est. Cost	Needed Improvements*
2000	$70,000	Replace air-handlers sections 4 and 5
	$50,000	Remodel residential area for electrical improvement
	$35,000	Paint administrative area and class rooms
	$50,000	Remodel/redesign traffic flow in the dining room used for consumer meals

Year	Est. Cost	Needed Improvements*
2001	$4,000	Replace HVAC HW Pumps
	$16,000	Replace domestic boilers
	$25,000	Remodel reception area
	$35,000	Replace air-handler section six
	$45,000	Paint residential rooms
2002	$100,000	Recaulk outside building envelope

**Subject to change during the development of the Legislative Appropriations Request.*

TCB Appropriations

Fund Source	1998	1999
General Revenue Fund	$ 8,597,425	$ 8,564,518
% of Budget	20.83%	20.2%
General Revenue Fund–Consolidated	1,456,382	1,365,000
% of Budget	3.53%	3.3%
Federal Funds	30,872,248	32,202,069
% of Budget	74.78%	76.0%
Endowment Fund	28,000	8,000
% of Budget	.0%	.0%
Interagency Contracts	70,000	98,000
% of Budget	.17%	.2%
Earned Federal Funds	150,000	147,619
% of Budget	.36%	.3%
Appropriated Receipts	107,692	107,692
% of Budget	.26%	.26%
Total, Method of Financing	$41,281,647	$42,479,788

Habilitative Services for Children. The Blind and Visually Impaired Children's Program strategy is funded almost entirely by state funds. It was appropriated approximately $2.7 million each fiscal year of the 1998-99 biennium. The program makes significant use of third-party funding from sources such as Chronically Ill and Disabled Children's Services, Medicaid, Lions Clubs, Delta Gamma Foundation, and consumers. During 1997, third-party funding enhanced service capability by $219,508.

The agency's Medicaid targeted case management reimbursement system generated reimbursements of $135,929 during 1997 for the program, an increase of 38% over 1995. The targeted case management system is expected to generate approximately $149,000 during 1998.

Vocational Rehabilitation Services. More than 70% of the agency's budget comes from the Federal Vocational Rehabilitation Basic Support Grant, which has a matching requirement of 78.7%:21.3%. Program funds are available to states on a formula basis. The three principal factors in the formula calculation are the amounts each state received in 1978, each state's population, and each state's per capita income. Increases or decreases in state general revenue affect the amount of federal funds matched.

The Vocational Rehabilitation Basic Support Grant also has a maintenance of effort requirement. Expenditures from nonfederal sources must equal or exceed expenditures from the federal fiscal year two years earlier.

Independent Living. Funding for the Independent Living strategy comes from two small federal grants and associated state matching funds. The needs of the program's target population far exceed current resources. Future federal funding levels are uncertain.

Budget Versus Current and Future Needs

Needs of Blind and Visually Impaired Children. The Commission's BVICP budget is too limited to assure its capacity to meet future needs. The projected growth in the target population is not dramatic. However, Welfare and Medicaid reforms may increase the number of children in need of medical care who are without coverage. Since 1989, the agency has experienced an increase in the number of children who are permanently severely visually impaired. Parents and the community are emphasizing the need for children with severe visual impairments to receive more intensive services/training in independent living and employment, thereby requiring the agency to shift resources. Adaptive equipment, technology, skills development training, and respite services required by these children are more expensive.

Children whose parents no longer qualify for welfare benefits due to non-compliance or having reached time limits will continue to receive cash benefits and Medicaid until they (the children) don't qualify. According to the Department of Human Services, welfare caseloads have declined. Studies are underway to determine factors for the decline, although currently this has not affected the Commission. If the Department's study finds that the immigration law is a factor in the decrease of welfare caseloads, then referrals to the Commission's Blind and Visually Impaired Children's Program will likely increase due to our ability to serve undocumented children. Still in place are the emergency medical funds through DHS to serve illegal immigrants.

The Commission makes heavy use of third-party resources to help pay for services. Resources for medical care have become much more difficult to obtain over the last biennium. Certain services, such as durable goods and equipment, have been eliminated from various state agency service programs. Caps on services are jeopardizing children's health.

Inadequate health care services may be the result of proposed Welfare and Medicaid reforms, leaving more children at risk of blindness. The Medicaid

status of children who are 13 and older is uncertain in current reform language. Instituting a family cap may restrict medical benefits for additional children born or conceived while the family is on welfare. Placing a limit on the time an individual is able to receive welfare-related Medicaid, which is in various reform versions, may also have negative medical results.

Needs of Adults. The growing need for prevention services, the obligation to focus on employment outcomes, and the aging Texas population combine to produce a situation that cannot be met by the current budget.

Funding for adult services comes from two major sources: vocational rehabilitation and independent living rehabilitation. People often come to the Commission for services after learning they are in danger of blindness due to trauma or disease. Neither of the major funding sources authorizes services to adults for the single service of preventing blindness.

Upon learning they are at risk of blindness, adults are understandably more interested in solving their immediate medical problems than considering their vocational future. The Commission is sometimes able to help with a person's medical condition because at the time it may be an impediment to the person's employment and the person meets other adult program eligibility criteria. Additional numbers of Texans may experience vision loss, but their remaining vision exceeds agency guidelines for receiving services. As a result, the agency is finding itself unable to assist increasing numbers of Texans who are at risk of blindness or severe visual disability because of the lack of eye medical care.

Legislation passed by the 75th Legislature authorized the blindness education screening and treatment program. Appropriation issues must be resolved for it to be implemented. We are working with state officials so that this new resource can become a reality.

Funding available through the federal Independent Living grants to assist older adults or persons unable to work and who are blind or severely

visually impaired is grossly inadequate. Many, if not most, would not require extended care or significant continuing support if specialized, short-term training and accommodative services were available. The Commission has increased Independent Living services by 38% over the previous year through the use of contracts and expanded use of vocational rehabilitation teachers; however, we are still unable to serve more than 1% of the potential population.

People who are blind or severely visually impaired and beginning or returning to remunerative employment must receive the full attention of the Vocational Rehabilitation Program. Rising costs of adaptive technology, training for employment, and medical treatment are pinching available federal and state dollars. Consumers are demanding and needing jobs with higher salaries. If individuals who are blind or severely visually impaired are going to compete successfully in today's marketplace, they must be prepared for a changing work force that is requiring new skills and greater flexibility in a less structured work environment. The Commission will channel its energies to enhance existing vocational rehabilitation services, develop new vocational counseling tools, and provide better automated support to caseload staff and agency managers. Existing funds will be redirected to meet these needs.

EXTERNAL ENVIRONMENT

Population Forecast

- ★ Texas went from a population of slightly less than 17 million in 1990 to over 19 million by the middle of 1997, thus making it the fastest growing state in the Nation.
- ★ The population is projected to be over 20 million by the year 1999.
- ★ The average age of our population is increasing; the age category of 18 to 64 will have the largest growth in terms of rate and total number.
- ★ Texas growth has been most rapid in its large urban areas and along the Texas/Mexico border. In the more rural areas of the state the increases are smaller. Some areas show declines.
- ★ Population growth significantly affects the cost of state government.
- ★ As a percent of the population, Hispanic-Americans are increasing at a rate six times faster than Anglo-Americans, and African-Americans are increasing at a rate 2.5 times that of Anglo-Americans.

Economic Variables

Texas Employment and Income Picture

Current. According to the Texas Workforce Commission, the Texas labor market has been growing at a rate of 2.7% annually since 1990, adding 1.1 million new jobs through 1996. Over 41% of this increase was in the services industry. Projections are that we can expect employment to

increase by over 27%, or 2.1 million jobs between 1994 and 2005. The services industry will provide over one million of these jobs. This industry has historically been described as having mainly menial, low paying jobs. In fact, over one-third of the new jobs in this industry will require advanced skills and knowledge. Much of the growth will come in health, business and educational services as firms downsize and outsource peripheral duties.

Continued strong growth in professional and technical occupations—education and computer related jobs—will follow the continued emphasis on primary and continuing education. Transportation and construction industries will stay strong. Of the state's 27 Metropolitan Statistical Areas (MSAs), the strongest employment growth has been along Interstate Highway 35 from San Antonio to Dallas due to the relocation of high-tech firms, strong construction activity, and tourism.

Texas Economic Forecast

Gross State Product will grow at a rate between 3.5 and 4.0%. Personal income will continue to grow at a rate that is twice as fast as inflation (6.5% versus 2.7%). The rate of new jobs will grow by about 200,000 per year during the five-year strategic plan period. Over the last two years the economy has outperformed projections by an average of 3.5 to 4%. The following table contains projections published by the Texas Comptroller of Public Accounts.

Forecast	1999	2000	2001	2002	2003
Gross State Product *	$557	$580	$601	$622	$644
Annual % Change	3.9%	4.0%	3.6%	3.6%	3.5%
Personal Income*	$505	$541	$577	$613	$653
Annual % Change	6.4%	7.1%	6.6%	6.3%	6.5%
Nonfarm Employment**	8,786	9,027	9,256	9,483	9,692
Annual % Change	1.7%	2.4%	2.5%	2.4%	2.2%
Resident Population**	20,083	20,427	20,795	21,161	21,518
Annual % Change	1.6%	1.7%	1.8%	1.8%	1.7%
Unemployment Rate	5.3%	5.3%	5.6%	5.7%	5.9%

*$Billions; **Thousands

Service Population Employment Outlook

Positive Factors. The development of adaptive technology has opened many employment fields once closed to persons who are blind. Exposure to technology has also revolutionized the way persons who are blind think about themselves and their employment potential.

The state's forecasted increase in the number of service-producing jobs and the growing fields of computer and software development are positive indicators for the Commission's target population because of these sectors' high use of technology that can now be adapted for use by a person who is blind. Consumers are finding more opportunities in communications, such as telemarketing, telephone reservation services, and information and referral systems.

Strong employment along Interstate Highway 35 from San Antonio to Dallas will have a positive effect on employment opportunities. The number of consumers and potential consumers along this corridor is high.

Consumer wages have steadily increased over the past few years. The skills required in the forecasted labor market should result in continued increases in the wage base of consumers during the planning period.

Negative Factors. The employment outlook for individuals who are blind is still affected negatively by the general public's—especially employers—lack of knowledge about what individuals without vision can or cannot do. Stereotypes still exist that limit access to jobs that can be performed without sight.

Many employment opportunities are dependent on access to improved and affordable adaptive technology and reliable public transportation, which continue to pose challenges for agency consumers.

Technological Developments

Effects on State Agencies. State agencies operate in an environment characterized by rapidly developing and changing information technology, where unit costs for computing and communications decrease while total requests for information resources expenditures rise in response to demands to do more with automation. As a fast growing state, Texas will continue to see more people losing vision and expecting assistance to return to productive and gainful activity. Current operating budgets and directives do not allow for adequate expansion of personnel to meet rising consumer demand. Rather than request additional staff, the agency will work to build its information resources system to increase staff efficiency and thereby expand their ability to deliver services.

The agency has begun major revisions to the agency's automated consumer data system. Workgroups of agency users have identified needed enhancements, which include on-line consumer service planning and provision; purchase of consumer equipment and services, context-sensitive help screens, including program manuals and counselor tools; automated reconciliation to the Uniform State Accounting System (USAS)

and State Property Accounting (SPA); and speech and braille compatibility for users who are blind. Updates to management information tools to improve management's response to fiscal and performance trends will be additional key aspects of the development process. Expanding these tools to each manager and counselor across the state is an important objective.

Effects on Consumers. High technology solutions to workplace tasks have opened many employment doors to people who are blind or visually impaired. The latest computer innovations are challenging developers and vendors of hardware and software to maintain accessibility. Although the older DOS technology was cumbersome for sighted individuals, the strictly text-based software was easily accessed by blind users. The latest computer icons, pictures, and graphs that meaningfully communicate information to people with sight leave people who are visually impaired out in the cold. On-screen print descriptions (text based information) which are accessible to large print, speech output, or braille output are essential to the blind computer user. The speed with which new software is being developed makes it very difficult for developers of alternative output devices to stay ahead of the curve. Microsoft has agreed to work with vendors of adaptive technology to develop the programming features that will allow accessibility by blind users. The Commission will continue to inform vendors and support all developing software/hardware technologies in the battle for accessibility.

Legislation and Initiatives

Federal

New Federal Regulations. The Rehabilitation Services Administration published new federal regulations in February 1997, which has required various rule and procedural changes. A consumer must now be employed for a minimum of 90 days rather than 60 days prior to case closure, and more direction is included in the regulations on consumer participation in services and informed choice.

Reauthorization of the Rehabilitation Act. Reauthorization of the Rehabilitation Act did not take place in 1997 as scheduled. The draft being considered in the current Congress would make several major changes to the way the agency delivers services. If passed in its present form:

- Vocational Rehabilitation will be an integral part of the proposed Workforce Investment Partnership Act.
- People who are "underemployed" will be added as a new category on caseloads, which will place people who are newly disabled in competition with those who are simply dissatisfied with their jobs.
- Individuals who are on Social Security will be presumed eligible for vocational rehabilitation services without any determination as to whether or not they require services, which may substantially increase caseload sizes and impose major administrative burdens on the agency.
- Vocational Rehabilitation state plans will be submitted with Workforce Investment Partnership Act (WIPA) plans. (At this time the WIPA itself has not yet passed and workforce activities are not yet established.)
- Interagency agreements between the Commission and every public entity will be required, which will create an administrative quagmire.
- Agencies will have to hold public meetings and gather comments on every policy or procedure, no matter how small or insignificant, which will increase the time and cost to make even simple administrative changes.
- State boards that oversee vocational rehabilitation programs must be expanded to include family members, advocates, and other representatives of individuals with mental impairments.
- Consumers are given the option of creating their individualized rehabilitation employment plan without the involvement of the vocational rehabilitation counselor, which opens the door to conflict and confusion

because the counselor is responsible for assuring that plans contain a set of minimum components.

Reauthorization of the Individuals With Disabilities Education Act (IDEA). Several provisions included in the reauthorization of IDEA should aid children who are blind. Schools are required to either teach braille or justify why the student does not need braille. Schools are required to address assistive technology needs in the child's Individualized Education Plan regardless of school or home use. The act also contains an expanded definition of orientation and mobility and includes it as an example of related services. When schools take responsibility for providing these services, the Commission's own program costs should diminish. More importantly, the expectation is that our consumers will exit the educational system better prepared for the world of work.

Additionally, there has been considerable national movement to bring about lasting and effective education reform using Goals 2000, the School to Work initiatives, and IDEA. *The National Agenda for the Education of Children and Youths with Visual Impairments, Including Those with Multiple D*isabilities outlines eight goals that will ensure that each student receiving special education services because of a visual impairment receives the free and appropriate public education to which they are entitled under the law. The Commission has endorsed the National Agenda. If these educational reforms result in local education agencies shifting from pure academic instruction to include more functional skills, consumers will have stronger independent living skills, travel skills, and braille skills.

Welfare and Medicaid Reform. A large number of Commission consumers and potential consumers will be affected by Welfare and Medicaid reforms. Health care services to the Commission's consumers on Medicaid should continue; however, Medicaid services in Texas would be provided through managed care, as opposed to fee-for-service. Medicaid recipients would have a primary care physician, who will make referrals to specialists. Most pilot sites are not yet accepting individuals with disabilities. SB 1165, effective September 1, 1997, specifically excludes children with special

health care needs who receive SSI from enrolling in a managed care program. However, the bill also authorizes children in a geographic area to enroll in a managed care plan or primary care case management program. This has been implemented in Harris County, where children with disabilities are required to enroll in a managed care plan. How the changes from fee-for-service to managed care will affect the quality of consumer medical care is an unknown until the pilot site has more time with implementation.

More Texas children will be poor and will not have adequate health care or services to address their disabilities. The Medicaid status of children who are 13 and older will depend on the insurance program that will be implemented with the funds that have been appropriated by the Balanced Budget Act for the Children's Health Insurance Program. Several options have been presented to legislators, including expanding Medicaid or establishing a non-Medicaid program using funding entities. This will not be decided until the Legislature meets in 1999.

State

Expansion of Health Care. HB 3 in the 75th Legislature established the Texas Healthy Kids Corp. and other health benefit coverage to increase access to health care for children. It is too soon to predict the effects of the bill on the agency's children's program.

Technology Access Clause. SB 1752 in the 75th Legislature required the General Services Commission and the Department of Information Resources, in consultation with other state agencies and after public comment, to develop a clause to allow for both visual and nonvisual access. The clause is to be included in all offers, quotes, and contracts entered into by the state or state agencies related to the procurement of automated information system products, regardless of the cost. This provides a means for bringing full accessibility of state information and employment opportunities closer to reality for Texans who are blind.

Blindness, Education, Screening and Treatment (BEST). SB 1403 from the last session of the Legislature created a special fund for prevention, screening, and treatment services by the Texas Commission for the Blind. Unfortunately, funds collected were not appropriated to the Commission for use this biennium. The agency is working with the sponsors to remedy the situation in the 76th session.

Key Obstacles

A complex mix of forces creates various obstacles to employment and independent living for Texans who are blind or severely visually impaired. Attitudes, funding, authority, and limitations on staffing and travel combine in this planning period to form significant barriers. Individuals who are blind are affected and the performance of the Commission is influenced by each of the following items.

Public Attitudes. Misconceptions about blindness still exist that inhibit employers from hiring people who are blind and inhibit consumers themselves from aiming as high as their potential allows.

Insufficient Dedicated Community Resources. Local communities do not dedicate funds to assure that information about local resources is available in accessible formats, which considerably hinders the self-sufficiency of local residents who are blind.

Changing Technology. The ability to access information through technology is a prerequisite for opening employment doors to people who are blind, and a must to remain current in those fields or jobs. Rapid changes in technology are challenging the ability of most Texans who depend on adaptive technology to stay current. Economics, lack of updated technical knowledge or skill, or the absence of adaptive technology altogether are only a few of the barriers.

Adequate State Funding to Capture Available Federal Funds. More than 70% of the agency's budget is derived from the Federal Vocational Rehabilitation Basic Support Grant, which has a matching requirement of 78.7%:21.3%. The Commission's ability to access federal funds is directly related to the state's funding direction.

Limited Budget for Automation. The Commission's primary responsibility is to its consumers; therefore, consumer needs must be balanced against the agency's need for an adequate and efficient information management system. The agency has historically set a percentage limit on administrative spending as a part of the budget, which has had a cumulative effect on information processing.

Inadequate Funds for Children who are Blind. Funding for the Commission's Habilitation Services strategy (01-02-01) has declined in recent years. General revenue funds have been diverted to the agency's Vocational Rehabilitation strategy (02-01-01) to take advantage of the federal/state matching formula. The effects of inflation on the ability to purchase services, including eye medical care and treatment, add to the problem.

Shortage of Funds for Independent Living Services. The 1992 amendments to the Rehabilitation Act shifted the majority of federal funds from state agencies to Centers for Independent Living. These centers provide advocacy and peer counseling services, but have not historically provided training on independence in the home setting to individuals who are blind or visually impaired.

Limited Resources for Eye Medical Care. The agency is finding itself unable to assist increasing numbers of Texans who because of progressive medical conditions are at risk of blindness or severe visual disability. Most of these adults who come to the Commission for assistance do not meet eligibility criteria for the Federal Vocational Rehabilitation Program. The 75th Legislature established a Blindness Education, Screening and Treatment Program to be funded by voluntary contributions from renewal

and applications for drivers' licenses and identification cards. The program is designed to assist individuals needing information about treatment for treatable eye conditions so blindness can be prevented. Individuals lacking medical coverage who do not meet eligibility criteria for vocational rehabilitation services are the primary audience. The appropriations bill, however, does not contain a related clause to allow the Commission to access the funds that will be collected. Efforts are ongoing to address this situation.

Increased Administrative Responsibilities. Legislation continues to add administrative responsibilities while placing limitations on overall staffing and salaries. Administrative burdens are increasing from three sources: (1) the natural result of a growing service population; (2) the shifting of administrative duties formerly provided by statewide support agencies, such as the Comptroller's Office, the General Services Commission, the Attorney General's Office, and the Texas Workers Compensation Commission, to the agencies they once supported; and (3) increasing requests for information—Uniform State Accounting System (USAS) reporting (Automated Financial Report and quarterly payable/encumbrance entry), USAS/ABEST (Automated Budget and Evaluation System of Texas) reconciliation, Health and Human Services Commission quarterly operating budget, and Legislative Budget Board federal funds application database.

Limited FTE's. The 75th Legislature approved an expansion of the Commission's Vocational Rehabilitation strategy for the 1998-1999 biennium. Included in this expansion was the approval of additional staff and increased performance targets. At the same time, however, Article IX reduced TCB's base staffing request by the so-called "phantom" employee estimate. Placing a limit on staff resources while increasing funding and performance expectations is contradictory and sends conflicting direction to agencies.

Reduction in Travel. The 75th Legislature requires all state agencies to reduce their travel in SFY 1998 to no more than 90% of travel expenditures for SFY 1997. To meet its mission, the Commission must be able to go to

the consumer, the Texan who is blind. People who have recently lost their vision are limited in their ability to travel independently to agency offices. In addition, counselors and teachers must travel to consumers' homes and potential workplaces to do much of their work. The 10% travel reduction places an undue hardship on Texans who are blind and need services.

Increased Contract Monitoring. The 75th Legislature made changes to policies and procedures on contracted services which increase the amount of staff time required to implement and monitor contracts. The new requirements are slowing our efforts to provide contracted services to consumers.

Inadequate Salaries. In spite of the $100 salary adjustment provided in the 75th Legislature the Commission is still experiencing difficulty in recruiting and retaining qualified staff in several speciality positions. Occupational therapists, nurses, orientation and mobility instructors, residential managers, rehabilitation assistants (support staff) in the larger metropolitan markets, psychologists, and computer-related personnel (programmers, network specialists, systems analysts) are particularly difficult.

Limited Access to Business Enterprises Program Funds. The legislature increased 1998-1999 biennium BEP appropriations by 6.89%. However, changes in the 1996-1997 biennium continue to limit our ability to spend all revenue received in the BEP and thus limit our ability to match federal funds. In addition, prior to 1996, the appropriation bill contained a rider that permitted the expenditure of all available BEP revenue. This rider was eliminated during the 1996-1997 legislative session and was not reinstated for the 1998-1999 biennium.

OPPORTUNITIES FOR IMPROVEMENT

The Commission works in partnership with Texans who are blind or visually impaired to reach their goals. We continually examine our activities and look for ways to improve services. During the planning period additional energy will be directed toward issues in five basic categories.

1. Consumer Involvement and Informed Choice

- The Commission has expanded Independent Living services by 38% over the previous year. Creative approaches have been introduced, including use of contracts and expanded use of vocational rehabilitation teachers working in conjunction with IL staff. The population receiving independent living services, however, continues to present the largest unmet need. Increased services will be promoted through close coordination with the State Independent Living Council and implementation of the *SILC State Plan for Independent Living*. Commission activities focus on identifying those areas and services with greatest need as a priority, promoting interagency referral, and facilitating outreach. Continuing to introduce services into underserved areas is necessary to decrease the number of people forced into dependent lifestyles solely because of visual loss. Services would also reduce the need for more expensive alternative care such as nursing homes and in-home care givers.

- Texans who are blind do not have the same access to printed job information and community resources as the sighted population. The Commission will improve its own way of providing information to consumers about the range of services available to them. Greater awareness by consumers is necessary to increase their ability to make informed choices.

- Informed choice implies two things: (1) having the freedom to choose, and (2) having knowledge at a level sufficient for the choice to be informed. A change in the Rehabilitation Act requires counselors to document each consumer's ability to make informed choices about specific services, including service providers, that are needed to achieve their goals. In order to do this, counselors need better tools to assist them as well as the consumer. The Commission will review what is currently being marketed as aids for this purpose and determine which are best for the consumers we serve.

- Creating strong partnerships with consumer groups, holding joint meetings with consumers, and forming Regional Advisory Committees have already improved services and relationships. By mutual sharing, consumers and consumer groups learn more about the Commission's goals and limitations, and the Commission learns more about the expectations, needs, and experiences of the people who are themselves the target of the agency's programs. Continued improvements in the development of this activity will build better programs in Texas.

- An individual's self-confidence leads to an increased probability of success in the work world. In its role as a national leader in services to people who are blind, the Commission is introducing a new initiative entitled "Texas Confidence Builders." This initiative will increase the focus on core services (mobility/travel skills, braille and adaptive skills) that contribute to successful employment outcomes.

- Consumers who are involved in educational pursuits often face educators who are uninformed about the issues of blindness. Many educators have lowered expectations of students with visual impairments. Over the last state fiscal year, caseworkers in the Commission's Blind and Visually Impaired Children's Program have been involved with some Educational Service Centers (ESC). They have targeted their activity toward increasing TCB's involvement in each of the twenty ESC regional plans. Besides this activity, ad-hoc teams have been formed with district level staff from the Commission, ESCs,

and teachers of the visually impaired. These teams are addressing and will continue to look for ways to solve the complex needs of students who are blind or visually impaired.

- It is important that parents of children with visual impairments understand the type of support available from the Commission's caseworkers during their children's school years. Continuing to look for effective ways to provide information about the agency's role with public schools will increase understanding.

- Increasing public awareness about blindness is an ongoing effort of the Commission and advocacy groups of the blind. In the coming bienniums the Commission will increase its public information efforts with the public and with consumers and advocacy groups. In providing this information, the Commission will use all avenues available. The agency is in the process of creating its annual report, which contains personal stories that encapsulate the services available from the Commission. This report and other information will be publicized and made available through the Commission's WEB page in addition to continuing the production of copies in print, braille, and electronic mediums.

2. Technology

- Numerous consumers are working in jobs that adapted technology made possible. Business moves into systems that use graphical icons, such as Windows, are challenging the growing, but still small, industry that develops technology for adapting personal computers for synthetic speech and computerized braille. Staying on the cutting edge of developments will allow the Commission to move as fast as possible to get job-saving and job-creating technology into the hands of consumers whose jobs and career choices depend on adaptive computer technology.

- Children and young people in transition who are visually impaired participate more fully in learning activities when technology adapted for their use is available. To level the playing field, the Commission will work with educational authorities to find or develop resources to provide adaptive technology to create job readiness and to improve communication, social, recreation, and leisure skills.

- An efficient system of identifying needed adaptive components and getting them in the hands of consumers with as few delays as possible saves jobs, builds employer/employee relationships, and puts people to work faster. Through its ongoing streamlining activities, the Commission will continue to review all internal procedures and make changes to speed up the process.

- The availability of evaluations and training tailored to the consumer's needs and closer to home rather than in a central site creates job-readiness faster. The Commission will continue to study and implement increased local opportunities for evaluations and training.

3. Employment

- Assistance in finding and keeping jobs is an essential need of consumers and an integral service of the Commission. Employers are a source of valuable information about employment opportunities and local employment trends. Maximizing state and local efforts to collect relevant employment data from employers and sharing the information with consumers will boost the ability of consumers to make more informed career choices.

- The Commission's consumer resource computers in the district offices are available to consumers for accessing on-line employment-related resources. Maintaining these computers and providing adequate training opportunities to consumers will add to the resources directly available to consumers.

- Timely services are required to prevent a person from losing their job because of visual loss or technological changes for which adaptations are not available or are no longer adequate. Providing job-saving services immediately and other services concurrently or later may protect many jobs. Rethinking and redesigning the sequence in which consumers have historically received services may improve the situation for many consumers.

- Success and job satisfaction are more likely assured when the consumer's career choice matches their abilities, interests, and labor demands. The task of evaluating and pulling these factors together requires a staff with the requisite knowledge and training. Focusing more training energy on staff proficiency in these elements will be beneficial to consumers.

4. State and Federal Reorganization

- In 1980 the Rehabilitation Services Administration (RSA), our federal partner, issued guidance that defined a vocational goal as "reasonable good entry level work an individual can satisfactorily perform." In 1992, amendments were added to the Commission's federal enabling legislation. RSA argued that these amendments supersede the 1980 guidance as the standard for determining a vocational goal and expanded it to include "career advancement" and "upward mobility." The agency's present budget, legislative appropriations request, performance measures, and regional and counselor goals are based on the 1980 rule. The Commission may well be faced with making choices between serving newly blinded individuals and those that are returning for career advancement services. The Commission will need to address issues such as order of selection and economic need.

5. Administrative

- State salaries have not kept up with inflation, causing turnover and decreased job satisfaction. The Commission will continue to express to leaders the effect state salaries are having on services and employees. The agency will also assure that employees are classified appropriately within the state classification system.

- Current, clear, flexible, and streamlined purchasing procedures aid not only consumers but also staff. By maximizing the use of automation and simplification techniques without compromising accountability, consumer purchases should go through faster, and employee efficiency will improve.

- Automation and technology advancements have created new opportunities for collecting beneficial management and planning data. Taking full advantage of these opportunities will improve decisions and manager efficiency. The agency's move into a shared information system will allow improved planning and dissemination techniques.

- The introduction of a PC-friendly automated consumer data system into work stations will allow employees to use technology labor-saving features. This should improve services and increase employee productivity.

- Direct contacts with consumers and potential employers are the main ingredients of our successful programs. Continuing the agency's streamlining work to identify and remove reporting requirements and procedures no longer essential will increase the time available for consumer services.

- Various national studies suggest that organizational infrastructures strengthen when mid-managers are given more control over and input into administrative issues, fund expenditures, and procedures. The

agency will identify additional ways to involve staff in appropriate development activities.

- The State Auditor's Office suggests that the Commission could benefit from regional budgets as management tools. The Commission continues to increase the involvement of its regional directors in setting and managing regional budgets and accompanying goals.

PERFORMANCE BENCHMARKING

Background

Section 67, Article IX, of the 1998-1999 General Appropriations Act requires that agencies engage in an internal performance benchmarking process that provides for the identification and development of agency-specific performance benchmarks and their linkage to state-level benchmarks. Each agency is required to report this process and include it in the agency's strategic plan. Each agency is required to identify, for each goal, an existing performance measure or develop a new measure which could be considered a performance benchmark.

Agencies are to use the benchmarking process to identify best practices around the country for potential adoption in Texas. Those best practices can include a simple reengineering of a particular process or can include significant or complex changes in a variety of operations and organizational units. Over time, benchmarking should improve agency operations, thereby positively impacting performance levels. Because of the linkage to performance levels, the benchmarking process will inevitably involve the use of performance measures. However, those measures will not be formally identified as agency benchmarks at this time.

Commission Performance Benchmarks

Preparation. Commission staff attended the Governor's Center for Management Information Benchmarking training in 1996 in preparation for performance benchmarking. Since that time the agency has sought

sources that publish data and information related to blindness and visual impairment.

Benchmarks. The Commission has identified and established two performance benchmarks within our two major goals, Goal A (01), to assist Texans who are blind or visually impaired to live as independently as possible consistent with their capabilities, and Goal B (02), to assist Texans who are blind or visually impaired to secure or maintain employment in careers consistent with their skills, abilities, and interests:

Within Goal A:

- **Percent of children successfully completing services: 52%.**

  This percent reflects the number of children out of the total number of children served in the children's program (01-02-01, Habilitative Services to Blind and Visually Impaired Children) who successfully complete their services in a given year.

  Texas is one of only a few states that have a children's program designated specifically for blind and visually impaired children, and no associated national benchmarks were located for these services. Services provide the child and the family with tools and resources needed to maximize the child's independence, educational opportunities, and potential success as an adult, and where possible, restore vision or halt the progressive loss of vision. The Commission created an internal benchmark of 52% to reflect the critical issue of a child's successfully completing services. This percentage has been an internal high point for the agency and will be a challenging goal to maintain.

Within Goal B:

- **Number of persons successfully rehabilitated who are designated by the Rehabilitation Services Administration (RSA) as in the "Target Group": 8.24 per 100,000 of the population.**

This ratio reflects the number of persons per 100,000 of the state's general population who successfully completed their vocational rehabilitation services (02-01-01) and who were also in RSA's target group. RSA's target group is defined as persons successfully rehabilitated whose work status at closure was in competitive employment, self-employment, or employment in the Business Enterprises Program.

To arrive at this performance benchmark, the Commission chose to compare itself against the ten most populous states that also have separate agencies for the blind. Although the Commission leads in many categories (number served, number successfully rehabilitated), it has chosen a measure in which it wishes to improve. Based on RSA 1995 data, North Carolina has the best "target group" ratio (8.24 per 100,000) of the ten most populous states with separate agencies for the blind. Texas ranks second with a ratio of 5.91 per 100,000. The Commission will use North Carolina as its benchmark. To make the comparison meaningful, we are establishing a ratio of the number of target group closures per 100,000 population. The population figures are from the Bureau of Census. It is expected that the RSA data will always have a two- to three-year publication lag.

Links to State Level Benchmarks

The agency's performance benchmarks link to two state benchmarks contained in the Health and Human Services section:

- ★ Percent of people with functional limitations successfully rehabilitated with improved economic self-sufficiency
- ★ Percent of people with disabilities living independently

CUSTOMER SATISFACTION ASSESSMENT

The Texas Commission for the Blind began surveying customer satisfaction in 1994. Understanding the impact and effectiveness of Commission programs was limited without an assessment of satisfaction with services.

Planning the Survey Process. Discussion and informal debate by agency managers produced the consensus that our most important customer is the consumer of the Commission's programs—the blind or severely visually impaired Texan. Parents of children served by the Habilitation Strategy (01-02-01) are also surveyed.

As discussions progressed, additional decisions were made:

- The survey procedure would be a continuing activity and would be modified when data and resources indicated the need and potential benefit.
- Consumers surveyed would be those successfully completing their individual service plans.
- Surveys would be mailed to consumers within 90 days of "closure" (their successful completion of services).

Data Collection. Surveys consist of 10 questions that address a number of important aspects of service quality. Areas explored include the consumer's view of the staff's interaction with them, the level of their own involvement in planning their program of services, the appropriateness of their services, timeliness and quality of services, and satisfaction with the outcome of their services.

Initial surveys were conducted by mail. The Commission contracted for a test survey by phone and concluded that the improved response rate was worth the investment. Telephone surveys began with the third quarter of state fiscal year 1997.

Data Analysis. Telephone surveys provided response rates of 55% to as high as 85% in the Independent Living Program (01-01-01). Current analysis efforts are directed toward understanding the different response patterns between mail and phone surveys, investigating potential improvements in survey technique and, most importantly, collecting a significant amount of data over time. Four telephone survey reports have been received; we believe another four are needed for a quality analysis.

Preliminary review of the most recent data reveals the following general trends across the three programs:

- Overall consumer satisfaction is very high, at an average of 85% for all programs.
- Consumers are pleased with the level of interaction, quality and frequency, they are having with Commission personnel.
- Timeliness of services is satisfactory and the quality of services received is good.
- Consumers rated their satisfaction with their own level of involvement in planning their service program very highly.
- Agency staff is seen as providing good information in clear and understandable ways.
- Responses by consumers of the children's program (01-02-01) to a question about the agency's involvement with the schools suggest that parents desire more interaction on the Commission's part with their child's school. It is unclear from the responses whether the parents

wanted caseworkers more involved because they were displeased with the school itself or whether they wanted the caseworker to take a more active role in their child's education plan.

- Consumers of the Independent Living Program (01-01-01) do not appear to believe they are capable of doing more for themselves as a result of services. Many consumers of this strategy's services are older, in less than robust health, and often troubled by several conditions other than blindness. Telephone results on this item are significantly lower than on the mail survey. The phone survey reaches more of those consumers less able to be up and involved in their community. The perception of satisfaction on the item may be negatively skewed by unreasonably high, but understandable, expectations of the consumer.

Follow-up. A more sophisticated analysis will be possible as more data are acquired by telephone surveys, and stronger, more definitive conclusions than are presently possible using data gathered by both mail and telephone will be possible. The agency also plans to:

- expand contractor reporting to allow analysis and monitoring of results at the regional level; and

- identify measures over time that are relatively lower in comparison to the result of the other items.

TEXAS COMMISSION FOR THE BLIND

GOALS

GOAL A: To assist Texans who are blind or visually impaired to live as independently as possible consistent with their capabilities

OBJECTIVES:

- To increase the number of consumers who achieve their independent living goals

  Outcome Measures:
  Percent of consumers whose dependent living risk was diminished
  Percent of consumers achieving goals who were satisfied with services

- To increase the number of children who achieve their habilitative goals

  Outcome Measures:
  Percent of children successfully completing services who were satisfied with services
  Percent of children successfully completing services

STRATEGIES:

- A-1. To provide a program of developing independent living skills

  Output Measures:
  Number of consumers served
  Number of consumers who achieved independent living goals

  Efficiency Measure:
  Average cost per consumer served

Explanatory Measures:
Number of Independent Living caseloads
Number of applicants for Independent Living services

- A-2. To provide habilitative services to blind and visually impaired children

Output Measures:
Number of children receiving habilitative services
Number of permanently severely visually impaired children served

Efficiency Measure:
Average cost per consumer served

Explanatory Measures:
Number of Blind and Visually Impaired Children's caseloads
Number of referrals for Blind and Visually Impaired Children's services

GOAL B: To assist Texans who are blind or visually impaired to secure or maintain employment in careers consistent with their skills, abilities, and interests

OBJECTIVES:

- To increase the number of successfully employed consumers who are visually impaired

Outcome Measures:

Percent of consumers successfully rehabilitated who were satisfied with services

Percent of consumers successfully employed with increased earnings

Average earnings per consumer employed

STRATEGIES:

- B-1. To provide vocational rehabilitation services to persons who are blind or visually impaired

Output Measures:

Number of consumers served

Number of successful rehabilitants who are severely disabled

Number of students served in the transition program

Number of consumers who achieved rehabilitation goals

Efficiency Measure:

Average cost per consumer served

Average cost per student served

Explanatory Measures:
Number of Vocational Rehabilitation caseloads
Number of applicants for Vocational Rehabilitation Services
Number of Transition Services caseloads
Number of Transition students served

- B-2. To provide employment opportunities in the food service industry for persons who are blind and visually impaired

Output Measures:
Number facilities
Number of consumers employed

Efficiency Measure:
Average program administration cost per consumer

Explanatory Measures:
Number of trainees

GOAL C: To provide or enhance equal opportunities for persons who are blind or visually impaired through implementation of the Americans with Disabilities Act and other related legislation

OBJECTIVES:

- To assist in the removal of architectural, programmatic, and attitudinal barriers limiting equal opportunities for persons who are blind or visually impaired within the public and private sector

  Outcome Measures:
  Number of consultations provided to agencies and businesses in regard to the ADA
  Number of architectural barriers identified and removed in agency offices

STRATEGIES:

- C-1. To develop training programs specific to the needs of people who are blind or visually impaired

  Output Measures:
  Number of ADA training programs presented
  Number of requests for information on ADA

- C-2. To provide and/or evaluate the need for adaptive technology essential to people who are blind or visually impaired

Output Measures:

Number of agency staff with disabilities evaluated and receiving adaptive technology equipment

Number of employers receiving assistance evaluating jobs which can be performed by individuals who are blind

- C-3. To provide resources to facilitate community access

Output Measures:

Number of employers and agencies receiving assistance with issues of reasonable accommodation

Number of braille pages produced for external use

GOAL D: To provide or enhance the procurement and contracting opportunities of historically underutilized businesses (HUB's)

OBJECTIVES:

- To include HUB's in at least 30% of total expenditures for purchased goods and services

  Outcome Measure:
  Percent of total expenditures of purchased goods and services

STRATEGIES:

- D-1. Increase the utilization of the General Services Commission HUB Directory as the primary reference list for vendors

  Output Measures:
  Number of HUB contractors, suppliers, or material providers who submit bid proposals
  Number of HUB contractors, suppliers, or material providers awarded contracts

APPENDICES

1. Strategic Planning Process
2. Projected Outcomes for Planning Horizon
3. Organizational Chart
4. Regional and District Offices Map
5. Texas Population/Target Population Comparisons
6. Description of Consumer Services
7. 1998-99 Survey of Organizational Excellence
8. Historically Underutilized Business Initiative Progress Report
9. How TCB's Goals and Strategies Link to HHSC's Enterprise Strategic Plan (ESP)

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Appendix 1

Strategic Planning Process

The planning process for SFY 1999 through SFY 2003 involved a detailed evaluation of trends, conditions, opportunities, and obstacles. This assessment, to completion, was composed of five basic steps:

1. Regional Advisory Consumer Focus Groups
2. Statewide Staff Survey
3. Draft Internal/External Assessment Summary
4. Board/Consumer Advisory Committee
5. Formal Internal/External Assessment Summary

Step 1. Regional Advisory Consumer Focus Groups

The purpose of focus groups is to obtain meaningful consumer comments for use in the Commission's planning processes by surveying Regional Consumer Groups around the state about the quality and effectiveness of Commission services and the Commission's mission and policies.

A total of four regional focus groups were conducted, two in the north and two in the south. Regional Consumer Groups were composed of consumer representatives from each agency program and included some at-large community representatives. The meetings began in November 1996 and continued until complete. Meetings consisted of one-day meetings scheduled at times convenient for the consumers involved.

Prior to the meetings, members of the focus groups were provided a summary of Commission initiatives established for SFY 1997 through 2001, as well as regional action plans that had been developed by regional staff. Participants were asked to comment on these documents as well as any other issue they thought faced Texans who are blind.

A report summarizing the comments received from focus group participants was written. The report provided information by region and summarized the information by major initiative where applicable. Concerns or needs that were not specific to a major initiative were summarized separately. The report was submitted to the Internal/External Assessment Committee, the Executive Group and the statewide Consumer Advisory Committee.

Step 2. Statewide Staff Survey

The previous staff survey was reviewed and revised based on its relevancy and its usefulness in assisting the agency in determining future direction. The revised survey was sent to the entire staff in January 1997. Results were analyzed by the Internal/External Assessment Committee in February 1997 and presented to the Executive Group in May 1997, the Board planning subcommittee in July 1997, and the full Board in August 1997.

Step 3. Draft Internal/External Assessment Summary

Information gathered from the consumer and staff assessment process was summarized and a draft report was forwarded to the Executive Group, who reviewed the information and directed the I/E Assessment Committee and other staff to prepare information for the March 1997 statewide Consumer Advisory Committee and the July 1997 Board Planning Subcommittee.

Step 4. Board/Consumer Advisory Committee

In October 1998, the Executive Group presented issues identified during the I/E Assessment process to a joint meeting of the Board and CAC. Direction was taken from this meeting and used in the next step of the planning process.

STEP 5. Formal Internal/External Assessment Summary

Following the SCAC meeting, the Executive Group reviewed the priorities established by the SCAC and Internal/External Assessment Committee, consolidated issues and made decisions regarding the content of the internal/external assessment. The Group also decided how the Commission will translate the issues into a strategic plan. From this review, direction was given to the Internal/External Assessment Committee to write a formal assessment summary report.

DEVELOPMENT OF THE PLAN

Step 1. Convene Executive Group

The Executive Group steered the planning efforts of the Commission by:

(1) defining and determining the strategic direction to be taken on issues included in the assessment;

(2) determining the principles to be used by the Commission to make decisions throughout the planning process, which includes, among other things:

- funding assumptions,
- priority populations,
- service or program priorities, and
- other variables derived from legislative intent, instruction, or direction;

Step 2. Executive Review

Process. Information gathered from the consumer and staff assessment process was summarized and a draft report was forwarded to the Executive Group, who reviewed the information and directed the preparation of a final

document. A summary of the major points was presented to the Consumer Advisory Committee in April 1998.

Step 3. Final Draft State Strategic Plan for Approval

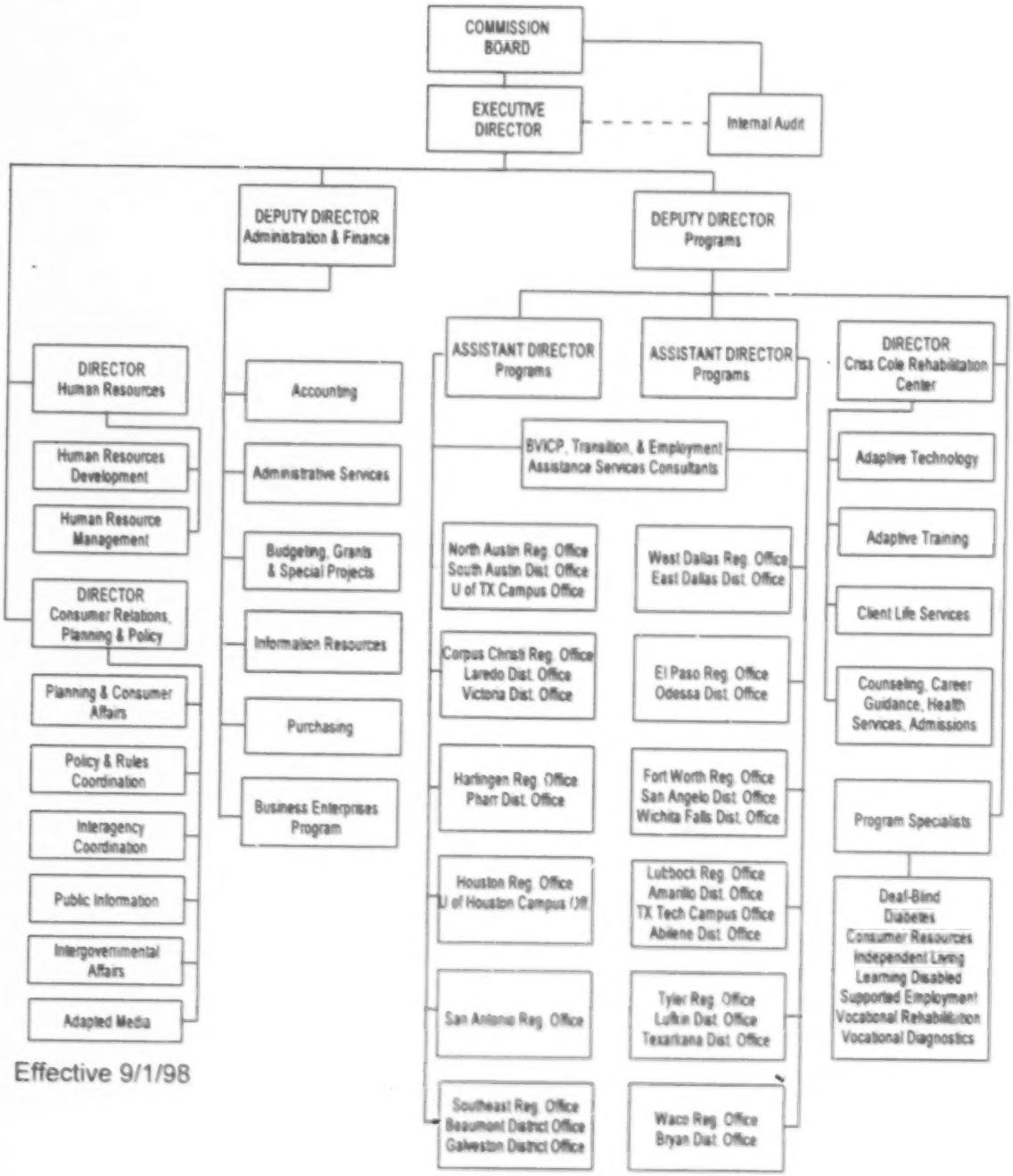
Process. A draft copy of the strategic plan was reviewed by the Board's planning subcommittee. Based on the results of this meeting, a final draft was written and submitted to the Board at the May 1998 meeting.

Projected Outcomes for Planning Horizon*

	1999	2000	2001	2002	2003
01-01-01 Independent Living Rehabilitation					
Percent of consumers whose dependent living risk was diminished	84%	83%	82%	82%	82%
Percent of consumers achieving goals who were satisfied with services	85%	85%	85%	85%	85%
01-02-01 Blind & Visually Impaired Children's Program					
Percent of children successfully completing services	52%	52%	52%	52%	52%
Percent of consumer successfully completing services who were satisfied with services	85%	85%	85%	85%	85%
02-01-01 Vocational Rehabilitation					
Percent of consumers successfully rehabilitated who were satisfied with services	85%	85%	85%	85%	85%
Percent of consumers successfully employed with increased earnings	71%	73%	73%	73%	73%
02-01-02 Business Enterprises Program					
Average earnings per consumer employed	$40,127	$41,732	$43,401	$45,137	$46,942

**These outcome measures are preliminary and will be revised during development of the Legislative Appropriations Request to yield the Commission's final performance expectations.*

TEXAS COMMISSION FOR THE BLIND
ORGANIZATIONAL CHART



Effective 9/1/98

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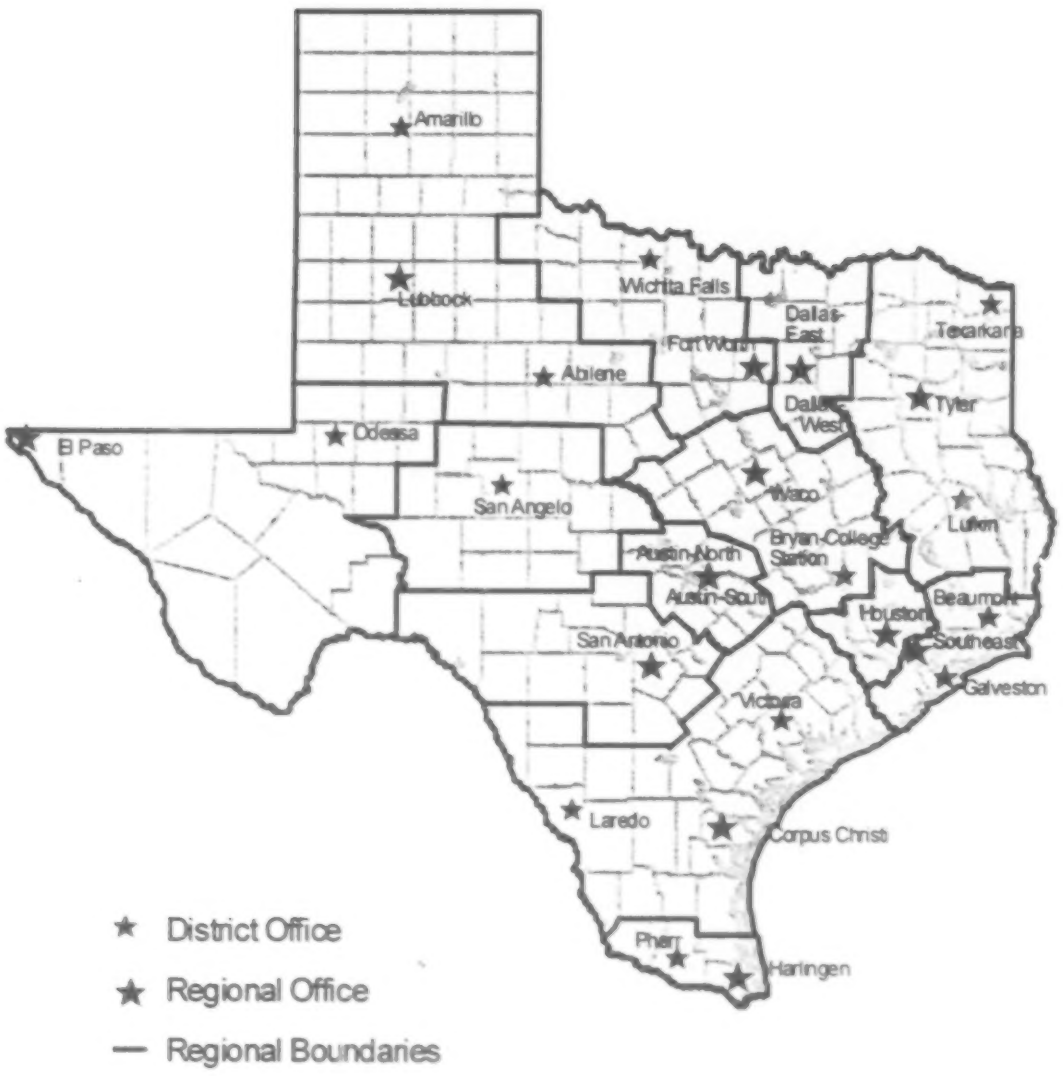
Appendix 4

Texas Commission for the Blind Offices



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Appendix 5

Population Comparisons

Target Population Served in SFY 1997						
	Ages	0 - 12	13 - 21	22 - 64	65 +	Total
Male	Anglo	5.07%	3.50%	9.78%	2.94%	21.29%
	Black	1.81%	1.25%	3.60%	0.61%	7.27%
	Hispanic	4.64%	3.23%	8.41%	0.81%	17.09%
	Other	0.31%	0.11%	0.26%	0.06%	0.74%
	Total	11.83%	8.09%	22.05%	4.42%	46.39%
Female	Anglo	4.33%	2.75%	10.74%	7.33%	25.15%
	Black	1.63%	1.06%	5.09%	1.11%	8.89%
	Hispanic	4.41%	2.91%	10.10%	1.35%	18.77%
	Other	0.19%	0.14%	0.32%	0.15%	0.80%
	Total	10.56%	6.86%	26.25%	9.94%	53.61%
	Grand Total	22.39%	14.95%	48.30%	14.36%	100.00%

Texas Population for SFY 1997						
	Ages	0 - 12	13 - 21	22 - 64	65 +	Total
Male	Anglo	4.92%	3.37%	16.31%	3.03%	27.63%
	Black	1.38%	0.88%	2.93%	0.32%	5.51%
	Hispanic	3.98%	2.46%	7.73%	0.68%	14.85%
	Other	.25%	0.19%	0.87%	0.06%	1.37%
	Total	10.53%	6.90%	27.84%	4.09%	49.36%
Female	Anglo	4.71%	3.19%	16.50%	4.40%	28.80%
	Black	1.34%	0.85%	3.24%	0.54%	5.97%
	Hispanic	3.82%	2.34%	7.36%	0.96%	14.48%
	Other	.25%	0.18%	0.88%	0.08%	1.39%
	Total	10.12%	6.56%	27.98%	5.98%	50.64%
	Grand Total	20.65%	13.46%	55.82%	10.07%	100.00%

Appendix 6

Description of Consumer Services

Habilitation Services for Children

BVICP caseworkers work individually with families to ensure that the parents understand the child's eye condition, its impact on the child's functioning, and what needs to be done to keep up with routine care (such as budgeting for yearly eye exams, glasses, etc.).

Eye medical care is offered to prevent blindness, conserve sight, or correct an eye condition that causes a cosmetic problem. These services are offered to visually impaired children who reside in Texas whose parents cannot afford the involved costs.

For families with children who have ***permanent severe visual impairments***, the BVICP Caseworker provides:

Counseling/Guidance and Follow-up Services	Assist the consumer/family in understanding their capabilities, attitudes, and rights throughout the habilitation process. Help the consumer/family understand the impact of the child's permanent severe visual impairment as it relates to the consumer's integration into a sighted society.
Educational Support Services	Provide liaison services by the caseworker between parents and the school system. Assist parents to facilitate the most appropriate educational placement.

	Identify and arrange services supplemental to the regular education program.
Skills Development Services	Enhance the functioning of the child and enable the child to reach a higher level of development and/or personal management in a noneducational setting (home environment and community).
Information and Referral Services	Assist the consumer/family in understanding the services available from the agency and other resources. Assist the consumer/family in understanding how services can best be obtained and utilized, including resources especially for blind and visually impaired individuals.

Vocational Rehabilitation Services

Vocational Rehabilitation services are tailored to each person's capabilities and interests. Among the services are:

- Assessments for determining eligibility and vocational rehabilitation needs, including an assessment by personnel skilled in rehabilitation technology.

- Counseling, guidance, and work-related placement, including job search assistance, placement assistance, job retention services, personal assistance services, follow-up, follow-along, and specific post-employment services necessary to assist such individuals to maintain, regain, or advance in employment.

- Vocational and other training services, such as personal and vocational adjustment, books, or other training materials, and services for the families as are necessary to the adjustment or rehabilitation of the consumer.

- Physical and mental restoration services necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive and constitutes an impediment to employment.

- Reader services for those individuals who are blind.

- Recruitment and training services for individuals with disabilities to provide them with new employment opportunities in the fields of rehabilitation, health, welfare, public safety, and law enforcement, and other appropriate service employment.

- Rehabilitation teaching services and orientation and mobility services for individuals who are blind.

- Occupational licenses, tools, equipment, and initial stocks and supplies.

- Telecommunications, sensory, and other technological aids and devices.

- Rehabilitation technology services.

- Referral and other services designed to assist individuals with disabilities in securing needed services from other agencies.

- Transition services that promote or facilitate the accomplishment of long-term rehabilitation goals and intermediate rehabilitation objectives.

- On-the-job or other related personal assistance services provided while an individual with a disability is receiving vocational rehabilitation services.

- Supported employment services.

Counselors working with consumers in these programs also:

- Assist consumers in understanding their visual and health problems; their capacities, interests, and limitations; and the personal and social problems related to their vocational adjustment.
- Assist consumers in understanding the services available from the Commission and other community resources and how the services can best be obtained and used in vocational adjustment.
- Assist consumers to adjust to and prepare for various and sometimes stressful periods encountered during rehabilitation, such as physical restoration, establishing study and work habits, enhancing personal appearance, improving financial management, job interviewing and testing, and establishing effective relationships.
- Assist consumers to gain insight into the work world and to select a suitable and realistic vocational goal.
- Work with family members, relatives, and various segments of the community to aid in the consumer's vocational adjustment.
- Contact the consumer and employer after employment to better assure long-term employment.
- Assist transition consumers, family members, and educational personnel during the educational process and provide resource information to assure that students' needs are being met.
- Provide young people who are transitioning from school to work with opportunities to learn about the work world and network through summer work programs, after-school work, and seminars.

Independent Living Rehabilitation Services

The **Independent Living Program** provides specialized services to improve the consumer's ability to function or continue functioning. Beyond specific skills training, consumers often need assistance in finding and accessing local resources for a variety of issues. Based upon individual need as determined by the consumer, IL workers:

- Provide skills training within the person's residence so that the individual can perform daily living functions, such as cooking, communicating, traveling independently, taking care of personal care needs, and identifying and managing funds.
- Advocate for the consumer with local entities.
- Provide critical information and referral services, such as housing, nutrition, general health, transportation and financial matters.
- Develop community resources.
- Counsel regarding issues related to loss of vision.
- Access low vision services to maximize use of remaining vision.
- Access services related to management of secondary disabilities, such as diabetes management and training.
- Provide adaptive aids to assist in daily living.
- Share information with community organizations to promote community inclusion for people with visual loss.

Service Delivery Staff

Caseworkers, counselors, rehabilitation teachers, and independent living workers assist consumers whose interests and capabilities vary as widely as the general population. Most initial contacts are made in the consumer's home or work site, where the consumer's personal needs can be best assessed. Workers travel within assigned regions; most cover several rural counties, which requires extensive travel.

Vocational Rehabilitation Counselor (VRC). The VRC is the Commission's link between the consumer and all vocational rehabilitation services. Intensive training prepares VRC's for their broad responsibilities in advising and working with consumers. All VRC's are specially trained in eye medical conditions, counseling techniques, and in the use of adaptive technology. They are knowledgeable of employment resources in communities they serve.

Rehabilitation Teacher. Rehabilitation teachers train consumers in alternative ways of performing the daily tasks they once did with vision. Braille instruction is a typical service. Unlike regular educators, rehabilitation teachers take the school to the consumer—wherever the new skills are actually needed. Consumers often have one or more disabilities secondary to blindness, which requires extensive training and adjunct services to enable the consumer to develop or enhance sensory and kinesthetic capabilities and skills.

Independent Living Workers. The agency's itinerant IL workers specialize in assisting older Texans to minimize their risk of increased dependence on others because of diminishing vision or blindness. Similar to rehabilitation teachers, IL workers travel to the consumer. In-home skills training provides consumers with adaptive ways to cook, communicate, travel, take care of personal needs, and identify and manage funds. Workers also work closely with family members or with other individuals with whom the person may be residing to facilitate the consumer's preferred level of independence.

Specialists. Many of the Commission's consumers have secondary disabilities that further complicate their lives or medical conditions that

require adaptive management techniques to control. Specialists in various disciplines stay abreast of developments and special resources for these consumers with multifaceted needs.

Diabetes is a common cause of blindness. A person's ability to medically control this chronic condition directly affects their ability to work and train. **Diabetes Specialists** develop community support and educational resources for consumers and train local registered nurses or certified diabetes educators in the aspects of blindness so they in turn can go into consumers' homes and effectively teach adaptive methods of controlling the disease.

As the population has grown and aged, the number of people who have both visual and hearing losses has increased. **Deaf-Blind Specialists** consult with staff, families, and consumers about the many difficult but effective adjustments that can be made to reduce the effects of this complex combination.

The Commission's **Supported Employment Specialist** builds, promotes, and monitors local employment resources for people whose disabilities are severe enough to require supported employment services to enter or retain competitive employment.

Diagnostic Specialists provide a comprehensive series of individualized tests specifically designed and adapted for use with persons who have visual impairments to assess a person's intellectual and academic abilities, sensory and motor skills, emotional and personality factors, vocational interests, and daily living skills. Test and evaluation results are used in recommending a level of employment for the consumer that most assures success. The profile also aids in program planning and matches complementary state and community resources with the consumer.

Adaptive Technology Specialists evaluate a consumer's need for adaptive equipment and can assist the consumer to choose from a variety of reading systems that interface with personal computers, such as large print enhancements, speech output devices, and braille output devices.

The adaptive technology specialist is trained to match the consumer's skill level to the equipment.

Employment Assistance Specialists serve as consultants to VRC's about work and school accessibility issues and work closely with adaptive technology specialists and counselors to determine the most visually effective and cost effective accommodations. The employment assistance specialist consults with employers and school officials and serves as an educator about visual loss and accommodations.

The **Consumer Resource Specialist** locates and documents the extensive range of national, state, and local resources that can benefit consumers. The information is then transferred into a database and distributed statewide for use by consumers and staff.

Support Staff. All Commission employees receive an orientation to blindness—from the person at the front desk who greets consumers to the person who enters agency data into computers.

Appendix 7

1998-99 Survey of Organizational Excellence

Construct	Statewide Average	TCB Average
Supervisor Effectiveness	258	301
Fairness	254	279
Team Effectiveness	282	319
Job Satisfaction	292	314
Diversity	296	322
Fair Pay	296	305
Physical Environment	296	341
Benefits	366	382
Employment Development	304	342
Change Oriented	284	332
Goal Oriented	302	359
Holographic (Consistency)	282	320
Strategic Orientation	367	404
Quality	334	379
Internal Communication	277	314
Availability of Information	289	317
External Communication	328	359
Time/Stress Management	306	313
Burnout	285	330
Empowerment	270	302

Appendix 8

Historically Underutilized Business Initiative

In accordance with State law, the Commission established goals to increase the agency's use of Historically Underutilized Businesses (HUB'S). In fiscal year 1996 the reporting format to the agencies changed to reflect individual goals for the major categories instead of an overall goal of 30% for the agency.

TCB Progress Report

		Actual	
Categories	**Goal**	**1996**	**1997**
Special Trade	57.20%	3.72%	19.60%
Professional Service	20.00%	0%	68.30%
Other Services	33.00%	25.60%	23.70%
Commodity	12.60%	61.60%	34.00%
Total	30.70%	56.04%	*28.81%

*This figure reflects a drop of 30% in the number of registered HUB's for the year.

Appendix 9

How TCB Goals and Strategies Link to HHSC's Enterprise Strategic Plan (ESP)

HHSC

ESP Goals	ESP Strategic Directions
Goal 1. Long Term Care	1. Service Provision 2. Quality 3. Interagency Coordination 4. Prevention
Goal 2. Family Services -	1. Welfare Reform 2. Protective Services 3. Family Support Services 4. Juvenile Offenders 5. Nutrition Services
Goal 3. Health	1. Disease Prevention and Health Promotion 2. Health Care Safety Net 3. Integrated Care Management 4. Education and Awareness 5. Mental Health 6. Substance Abuse 7. Assurance of Quality in Health Facilities and Professional Practice
Goal 4. Rehabilitation and Habilitation	1. Increased Opportunity 2. Equal Access 3. Full Participation 4. Technology 5. Employment

ESP Goals	ESP Strategic Directions
Goal 5. Coordination/ Eligibility Determination	1. Service Coordination 2. Eligibility Determination
Goal 6. Administration	1. Availability and Quality 2. Gaps in Services 3. Duplication of Services 4. Effectiveness and Accountability 5. Federal Funds 6. Automation Solutions 7. Partnerships

TCB Links

TCB Goal A: To assist Texans who are blind or visually impaired to live as independently as possible within their capabilities

Strategy A.1.1. Provide a program of independent living skills

Links to ESP Strategies: 4.2. Equal Access
4.3. Full Participation

Strategy A.1.2. Provide habilitative services to blind and visually impaired children

Links to ESP Strategies: 4.2. Equal Access
4.3. Full Participation
4.4. Technology

Discussion: These strategies provide specialized services to older adults and to children whose ability to live independently are at risk due to visual loss. Focus is on improving the ability to function or continue to function independently in their homes and in their communities.

TCB Goal B: To assist Texans who are blind or visually impaired to secure or maintain employment in careers consistent with their skills, abilities, and interests

Strategy B.1.1. Provide vocational rehabilitation services to persons who are blind or visually impaired.

Links to ESP Strategies: 4.1. Increased Opportunity
4.2. Equal Access
4.3. Full Participation
4.4. Technology
4.5. Employment

Strategy B.1.2. Provide employment opportunities in the food service industry for persons who are blind or visually impaired.

Links to ESP Strategies: 4.5. Employment

Discussion: The strategies provide eligible adults with a wide range of skills, goods, and services needed to enter employment or to keep employment during and after the loss of vision.

TCB Goal C. Provide/enhance equal opportunities for persons who are blind or visually impaired through implementation of ADA and other related legislation.

C.1.1. Develop training programs

Links to ESP Strategies: 4.2. Equal Access

C.1.2. Provide/ evaluate need for adaptive technology

Links to ESP Strategies: 4.4. Technology

C.1.3. Provide resources to facilitate community access

Links to ESP Strategies: 4.2. Equal Access
4.3. Full Participation

Discussion: The strategies assist communities, employers, schools, etc., to identify and remove architectural, programmatic, and attitudinal barriers that limit equal access to community opportunities by persons who are blind.

TCB's Indirect Administration strategies—Central Administration, Information Resources, and Other Support Services—link to all of the ESP's Goal 6 Administration strategic directions.

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